

**BOARD OF REGISTERED NURSING**  
**Education/Licensing**  
**Agenda Item Summary**

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**AGENDA ITEM:** 10.1  
**DATE:** February 20, 2009

**ACTION REQUESTED:** Ratify Minor Curriculum Revisions

**REQUESTED BY:** Elizabeth O. Dietz, EdD, RN, CS-NP, Chairperson  
Education/Licensing Committee

**BACKGROUND:**

According to Board policy, Nursing Education Consultants may approve minor curriculum changes that do not significantly alter philosophy, objectives, or content. Approvals must be reported to the Education/Licensing Committee and the Board.

Minor Curriculum revisions include the following categories:

- Curriculum changes
- Work Study programs
- Preceptor programs
- Public Health Nurse (PHN) certificate programs
- Progress reports that are not related to continuing approval
- Approved Nurse Practitioner program adding a category of specialization

The following programs have submitted minor curriculum revisions that have been approved by the NECs:

- 10.1.1 Contra Costa College Associate Degree Nursing Program
- 10.1.2 Gavilan College LVN to RN Associate Degree Nursing Program
- 10.1.3 Mount Saint Mary's College Associate Degree Nursing Program
- 10.1.4 Mount San Antonio College Associate Degree Nursing Program
- 10.1.5 Pasadena City College Associate Degree Nursing Program
- 10.1.6 Santa Rosa Junior College Associate Degree Nursing Program
- 10.1.7 Western Career College LVN-RN Associate Degree Nursing Program

**NEXT STEP:** Notify programs of Board action.

**FISCAL IMPLICATION(S),**

**IF ANY:** None

**PERSON(S) TO CONTACT:** Miyo Minato, MN, RN  
Nursing Education Consultant  
323-890-9950

## MINOR CURRICULUM REVISIONS

### Education/Licensing Committee

**DATE: January 15, 2009**

SCHOOL NAME	APPROVED BY	DATE APPROVED	SUMMARY OF CHANGES
Contra Costa College ADN Program	K. Weinkam, NEC	10/31/08	<p>Nursing 210 Fundamentals of Nursing is being changed from 7 units of theory and 5 units of clinical to 6 units of theory and 6 units of clinical to provide students with more opportunity for application of theory content. Units for licensure remain 79.9. For the degree requirements, the course CIS (0-4 units) is no longer required; an Information Competency requirement of 0-1 unit has been instituted. The course name for BioSci 119 has changed from Applied Microbiology to Nursing Microbiology. Courses have been added that can also meet the content requirement for societal/cultural patterns (Anthro 130), developmental psychology (Psych 128 Life Span Development and PE 197 Human Development Through the Life Span), verbal communication (Speech 120 Public Speaking), and written communication (English 001B Composition and Writing). For the LVN 30-unit Option, the correct course numbers and titles are N 260 and N 261 for Psychiatric Nursing and Competency in Nursing Practice.</p> <p>Faculty have also reviewed and made additions to the program's philosophy statement that do not substantially change it, but do reflect the regulation's components.</p>
Gavilan College LVN to RN ADN Program	J. Wackerly, NEC	12/11/08	<p>Requesting approval for a generic Associate Degree RN program starting in Fall 2009. The program faculty are organizing the curriculum content for the first year of the requested RN program, sequencing of course content, renaming courses and developing curriculum changes. Gavilan College has had an LVN-RN program since 1983. The program plans to have syllabi and related course forms to the NEC in January and March 2009.</p>
Mount St. Mary's College ADN Program	B. Caraway, NEC	12/11/08	<p>In an attempt to enhance students' learning the program submitted the minor curriculum revision to extend the length of the Nursing Pharmacology (NUR 30) from 8 weeks to 16 weeks.</p>

**MINOR CURRICULUM REVISIONS**  
**Education/Licensing Committee**  
**DATE: January 15, 2009**

<b>SCHOOL NAME</b>	<b>APPROVED BY</b>	<b>DATE APPROVED</b>	<b>SUMMARY OF CHANGES</b>
Mt. San Antonio College ADN Program	B. Caraway, NEC	12/11/08	The program submitted a change to lengthen the course from 5-6 weeks to 8 weeks for the following four nursing courses: Nursing 3-beginning level Medical/Surgical, Nursing 4-Obstetric, Nursing 5-Psychiatric and Nursing 6-Pediatric. In addition the program re-sequenced the medical-surgical and other specialty courses. These changes will allow the students to take Obstetrics and Pediatrics concurrently and allow students longer time to learn the course materials.
Pasadena City College ADN Program	B. Caraway, NEC	12/11/08	In an attempt to enhance students' learning the program submitted the minor curriculum revision to add a four week preceptor rotation experience in the last four weeks of the fourth semester course N53L- Advance Medical-Surgical Nursing. Effective Spring 2009, the students will work in collaboration with assigned preceptor in an acute care setting for 96 clinical hours. Total degree and CRL units will remain unchanged.
Santa Rosa Junior College	J. Wackerly, NEC	12/11/08	Increasing by NR 75A Fundamentals from 11.5 units to 12 units, the college requires NR 75 changed to NR 75.1A. Changes content required for licensure to include Psych 7 and Psych 56; Nutrition FDNT 162 diet therapy added.
Western Career College (WCC) LVN to RN ADN Program	K. Daugherty, NEC	9/23/08	WCC has announced a change in ownership. It was previously owned by U.S. Education Corporation, the parent organization of Apollo and Western Career College. The new owner is DeVry, Inc. DeVry Inc. is the parent organization of DeVry University, Advanced Academics, Ross University, Chamberlain College of Nursing, U.S. Education and Becker Professional Review. The change in ownership was approved by WASC on September 12, 2008. WCC's name, institutional accreditation status, college President, management structure, and the organization and operations of all WCC campus locations will remain the same.

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**AGENDA ITEM:** 10.2  
**DATE:** February 20, 2009

**ACTION REQUESTED:** Approve/Not Approve: Education/Licensing Committee  
Recommendations

**REQUESTED BY:** Elizabeth O. Dietz, EdD, RN, CS-NP, Chairperson  
Education/Licensing Committee

**BACKGROUND:**

The Education/Licensing Committee met on January 15, 2009 and makes the following recommendations.

**A. Continue Approval of Nursing Program**

- Contra Costa College Associate Degree Nursing Program
- Gavilan College LVN to RN Associate Degree Nursing Program

**NEXT STEP:** Notify programs of Board action

**FISCAL IMPLICATION(S),  
IF ANY:** None

**PERSON(S) TO CONTACT:** Miyo Minato, MN, RN  
Nursing Education Consultant  
(323) 890-9950

**Education/Licensing Committee Recommendations  
From meeting of January 15, 2009**

**Approve Education/Licensing Committee Recommendations:**

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**A. CONTINUE APPROVAL OF NURSING PROGRAM**

• **Contra Costa College Associate Degree Nursing Program**

**Maryanne Werner-McCullough, RN, M.S., MNP is the Director of Nursing. Sara Brooks, M.S. is the Assistant Director and the department Chairperson.**

Contra Costa College is one of three community colleges within the Contra Costa Community College District, the eighth largest community college district in California. The College is located in San Pablo, and serves primarily the residents of West Contra Costa County. The program awards the associate in science degree for nursing.

A regularly scheduled continuing approval visit was conducted October 20-22, 2008, by K. Weinkam and C. Mackay, NECs. One area of non-compliance was identified, and one recommendation was given. The program provided its response within two weeks of the conclusion of the visit, and the Program's evaluation plan was modified as recommended.

The program's NCLEX pass rate for first-time test takers ranges from 91% to 100%, averaging 96% for the past five full academic years.

The program receives strong support from College administration. Over time, the program has steadily increased resources to support the expansion of the program and student success. The program has recently reconfigured a portion of the space in the skills lab to accommodate a simulation room with an adjacent observation room. Availability of the services of the Nurse Mentor and the Assessment Testing Project Coordinator have contributed to the program's success. Also, faculty take advantage of the learning opportunities made available and are receptive to incorporating new ideas that strengthen the program. The program started working with California State University, East Bay in August to write a proposal to facilitate seamless ADN to BSN articulation.

It is suggested that a progress report related to having obtained signatures on the agreements for all clinical facilities used by students for providing care be submitted by June 30, 2009.

**ACTION: Continue Approval of Contra Costa College Associate Degree Nursing. Progress report due to the NEC by June 30, 2009.**

• **Gavilan College LVN to RN Associate Degree Nursing Program**

**Karen (Kaye) Bedell, MSN, RN, FNP, is the Director of Nursing and Allied Health Programs**

J. Wackerly conducted a regularly scheduled continuing approval visit at Gavilan Community College ADN Program on October 27 - 29, 2008. The program was found in compliance with all the board's rules and regulations. Two recommendation were made: 1426 (d) curriculum, to strengthen the integration and application of professional nursing roles as authorized in the Nursing Practice Act; and 1429 (c) to provide student learning activities that demonstrate the competencies of professional nursing practice as defined in the Standards of Competent Performance, CCR Section 1443.5.

Gavilan College is located in Gilroy in Santa Clara County, approximately about one hour south of San Jose.

Gavilan College Allied Health Programs are based on a Career Ladder Options, starting with Nursing Assistant, progressing to Vocations Nursing with LVN licensure, and then to the LVN to RN program with RN licensure. A large portion of the students interviewed progressed from CNA to LVN and were enrolled in the RN program. The program admits LVNs from throughout the area. The program's prerequisites are designed to offer maximum flexibility in students achieving their educational goals.

The program has been successful in obtaining grants 2004-through 2010 totaling \$1,034,577, from organizations that include Nova, VTEA, Kaiser Permanente, PreReq, Chancellor's Office capacity grants and equipment grants. The Allied Health programs are located in a building that is relatively new. The teaching occurs in a smart classroom, another classroom has 30 computers, skills lab is equipment with high fidelity manikins. Faculty members use technology in their teaching, such as i-clickers and Professional Development software (PDS) programs throughout the curriculum.

The nursing program has been able to obtain all clinical rotations at Santa Clara Valley Medical Center campus in San Jose CA. Medical-Surgical clinical is on a 59 bed unit with high acuity complex patients and the Arons Pavilion psych/mental facility offers learning experiences. The preceptorship includes clinical assignments at Santa Clara Valley Medical Center. The usual enrollment is 22 to 24 LVN-RN students.

The nursing program utilizes Elsevier textbooks that are bundled so students have a reduced cost. Elsevier evolve or [Http://evolve.elsevier.com](http://evolve.elsevier.com) is a course manager system available 24/7. Pocket Nurse is the vendor for the skills lab kit. Students may use computer programs for learning and remediation. All students have a PDA. Remediation for any student below benchmark is provided by faculty. The director is planning on purchasing a computer server so students will have access from home.

To ensure student success, students must complete an online Evolve Reach (NCLEX-RN Readiness Assessment Exam) at a score of 850 or higher which predicts probability of passing NCLEX-RN. Students who do not receive this score are required to remediate and retest prior to completion of the last course of the program.

**ACTION: Continue Approval of Gavilan College, LVN to RN Associate Degree Nursing Program**

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**AGENDA ITEM: 10.3**  
**DATE: February 20, 2009**

**ACTION REQUESTED:** Approve/Not Approve Proposed Amendments and Additions to Regulations, Title 16, Division 14, Article 3, California Code of Regulations, Schools of Nursing

**REQUESTED BY:** Elizabeth O. Dietz, EdD, RN, CS-NP, Chairperson  
Education/Licensing Committee

**BACKGROUND:**

At the September 19, 2008 Board meeting, the Board approved the proposed changes and additions to the regulations in Title 16, Division 14, Article 3, sections 1420 to 1430 with direction that non-substantive changes may be made by the staff and to proceed with the process for the regulatory changes. The Board also approved instructions and guidelines that were referenced in the proposed changes.

The proposed changes are being presented to keep the Board updated on the changes and to inform the Board of a substantive change that was made to the definition of "Institution of higher education" and revisions made to new sections 1426.1 Preceptorship and changes to 1430 Advanced Placement, renamed "Previous Education Credit."

The foremost significant change is in section 1420(j), definition of "Institution of higher education" that received comments from accrediting organizations and the public at previous committee and board meetings. The new definition reads "Institution of higher education" means an educational setting that provides post-secondary or higher education, such as a university, a community college, and other collegial institution that grants associate of arts or baccalaureate or higher degree to individuals who graduate from the nursing program". The revised definition makes no reference to school's accreditation.

There are 10 attachments to this agenda item:

1. Proposed regulations, California Code Regulations (CCR) Article 3, Nursing Program, Sections 1420-1432 (clean copy)
2. Proposed regulations, CCR Article 3, Nursing Program, Sections 1420-1432, showing amendments and additions
3. Instructions for Institutions Seeking Approval of New Prelicensure Registered Nursing Program (EDP-P-I-01, Rev 1/09)
4. Criteria & Guidelines for Self-Study (EDP-R-03, Rev 1/09)
5. Faculty Qualifications and Changes-Explanation of CCR section 1425 (EDP-R-02, Rev 1/09)
6. Faculty Remediation Guidelines (EDP-R-08, Rev 1/09)
7. Components of Prelicensure Preceptorship (EDP-B-04, Rev 1/09)

8. Licensing Examination Pass Rate Standard (EDP-I-29, 1/09)
9. Faculty Approval/Resignation Notification (EDP-P-02, Rev 1/09)
10. Director or Assistant Director Approval (EDP-P-03, Rev 1/09)

Attachments 1 and 2 show the regulations as proposed; **Attachment 1** is a document without the changes shown and **2** notes all the changes - deletions are shown as strike outs and changes and additions are underlined. Attachments 3 to 10 are attachments that are documents incorporated in the proposed regulations or referenced in the incorporated documents

Brief summary of changes made since the last meeting for clarity and consistency are:

- Changed “NCLEX” back to previous language “licensing examination”.
- Changed “Schools of Nursing” or school to “nursing program”.
- Changed the five content areas in 1426(d), to nursing areas of “geriatrics, medical-surgical, mental-health/psychiatric nursing, obstetrics, and pediatrics” to reflect the practice areas.
- Combined definition of “Education program” into “Course of instruction” and deleted the definition.
- Revised Sections 1426.1 Preceptorship and 1430 Previous Education Credit.

**NEXT STEP:** Notify programs of Board action.

**FINANCIAL IMPLICATIONS,  
IF ANY:** None

**PERSON TO CONTACT:** Miyo Minato, NEC  
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# Draft Attachment 1

## CALIFORNIA CODE OF REGULATIONS Proposed Regulatory Amendments Article 3 Nursing Program

### § 1420. Definitions

For purposes of this article, the term:

(a) "Affiliated institution" means a non-institution of higher education, such as a hospital, that is approved or has applied for board approval for a nursing program and is affiliated with an institution of higher education pursuant to section 2786 of the code;

(b) "Approved nursing program" means a school, program, department or division of nursing in this state approved under the provisions of sections 2785 through 2789 of the code and this article;

(c) "Assistant Director" means a registered nurse administrator or faculty member who meets the qualifications of section 1425(b) and is designated by the director to assist in the administration of the program and perform the functions of the director when needed;

(d) "Clinically competent" means that the nursing program faculty member possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by staff level registered nurses of the nursing area to which the faculty member is assigned;

(e) "Clinical practice" means the planned learning experiences designed for students to apply nursing knowledge and skills to meet course objectives in a variety of board-approved clinical settings. Clinical practice includes learning experiences provided in various health care agencies as well as nursing skills labs, simulation labs, and computer labs;

(f) "Content expert" means an instructor who has the responsibility to review and monitor the program's entire curricular content for a designated nursing area of geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics, or pediatrics.

(g) "Course of instruction" means the minimum education program that meets the requirements of section 1426 for eligibility to take the licensing examination and that is not less than two (2) academic years or equivalent;

(h) "Director" means the registered nurse administrator or faculty member who meets the qualifications of section 1425(a) and who has the authority and responsibility to administer the program. The director coordinates and directs all activities involved in developing, implementing, and managing a nursing program, including its fiscal planning;

(i) "Faculty" means all registered nurses who teach in an approved nursing program;

(j) "Institution of higher education" means an educational setting that provides post-secondary or higher education, such as a university, a community college, and other collegial institution that grants associate of arts degrees or baccalaureate or higher degrees to graduates of the nursing program;

(k) "Learning experience" means those activities planned for students by the faculty that are designed to meet the objectives of the required course of instruction, including the basic standards of competent performance in section 1443.5;

(l) "Nursing process" means the application of scientific, evidence-based knowledge in the identification and treatment of actual or potential patient health problems. The nursing process includes assessment, nursing diagnosis, planning and outcome identification, implementation, and evaluation;

(m) "Non-faculty" means all persons other than faculty members who meet the minimum qualifications of clinical teaching assistant and are selected by the nursing program to teach or supervise nursing students in designated nursing areas;

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(n) "Preceptor" means a registered nurse who meets the qualifications set out in section 1426.1(b)(3)(A) to (D), employed by a health care agency, who is assigned to assist and supervise nursing students in an educational experience that is designed and directed by a faculty member;

(o) "Prelicensure registered nursing program" means an institution of higher education or affiliated institution that offers a course of instruction to prepare students for entry level registered nurse practice and to take the licensing examination;

(p) "Year" means an academic year, unless otherwise specified.

### **§ 1421. Application for Approval.**

(a) An institution of higher education or affiliated institution applying for approval of a new prelicensure registered nursing program (program applicant) shall be in the state and shall comply with the requirements specified in the board's document entitled, "Instructions for Institutions Seeking Approval of a New Prelicensure Registered Nursing Program", (EDP-I-01 Rev 01/09), ("Instructions"), which is hereby incorporated by reference, including:

(1) Notify the board in writing of its intent to offer a new program that complies with board requirements;

(2) Submit a feasibility study in accordance with the requirements specified in the "Instructions";

(3) Appoint a director who meets the requirements of section 1425(a). Such appointment shall be made upon board acceptance of the feasibility study for the proposed program;

(4) After acceptance of the feasibility study by the board, and no later than six (6) months prior to the proposed date for enrollment of students, submit a self-study to the board in accordance with the requirements specified in the "Instructions" demonstrating how the program will meet the requirements of sections 1424 through 1432 of this article and sections 2786.6(a) and (b) of the code;

(5) Have a representative at public meetings of the board and board committee pursuant to the "Instructions" when the feasibility study and self-study are considered.

(b) The board shall consider the feasibility study and accept, reject, or defer action on the study to permit the program applicant time to provide additional information to be considered, based upon the following criteria:

(1) Evidence of initial and sustainable budgetary provisions for the proposed program;

(2) Institution of higher education's authority to grant an associate of arts, baccalaureate, or higher degree;

(3) For an affiliated institution, an agreement with an appropriately accredited institution of higher education in the same general location authorized to grant an associate of arts, baccalaureate, or higher degree to students successfully completing the nursing program;

(4) Evidence of availability of clinical placements for students of the proposed program;

(5) Plans for administrative and faculty recruitment to staff the proposed program.

(c) The board's designee shall review the self-study, conduct a site visit of the proposed program, and submit a written report to the board that contains findings as to whether the application and supporting documentation for the proposed program comply with the requirements set forth in (a)(4).

(d) The board shall consider the application along with the written report and may thereafter grant or deny approval, or defer action on the application. The board's decision is based on the applicant's demonstration that it meets the requirements of sections 1424 through 1432 and sections 2786.6(a) and (b) of the code.

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### **§ 1422. Certificate of Approval.**

(a) A certificate of approval shall be issued to each nursing program when it is initially approved by the board.

(b) The board shall revoke a nursing program's approval, and the program shall return the certificate of approval to the board under the following conditions:

- (1) The institution of higher education cannot grant degrees; or
- (2) The board determines that the nursing program is in non-compliance with the requirements set forth in this article or sections 2786 through 2788 of the code.

### **§ 1423. Approval Requirements**

(a) In order for a program to be approved by the board or to retain its approval, it shall comply with all requirements set forth in this article and in sections 2786 through 2788 of the code.

(b) A material misrepresentation of fact by a program applicant or an approved nursing program in any information required to be submitted to the board is grounds for denial of approval or revocation of the program's approval.

### **§ 1424. Administration and Organization of the Nursing Program.**

(a) There shall be a written statement of philosophy and objectives that serves as a basis for curriculum structure. Such statement shall take into consideration the individual difference of students, including their cultural and ethnic background, learning styles, goals, and support systems. It shall also take into consideration the concepts of nursing and man in terms of nursing activities, the environment, the health-illness continuum, and relevant knowledge from related disciplines.

(b) The policies and procedures by which the program is administered shall be in writing, shall reflect the philosophy and objectives of the program, and shall be available to all students.

(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.

(2) The program shall have a procedure for resolving student grievances.

(c) There shall be an organizational chart which identifies the relationships, lines of authority and channels of communication with the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies.

(d) The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment, including technology, to achieve the program's objectives.

(e) The director and the assistant director shall dedicate sufficient time for the administration of the program.

(f) The program shall have a board-approved assistant director who is knowledgeable and current regarding the program and the policies and procedures by which it is administered, and who is delegated the authority to perform the director's duties in the director's absence.

(g) Faculty members shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.

(h) The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing required by section 1426(d) who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.

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(i) When a non-faculty individual participates in the instruction and supervision of students obtaining clinical experience, his or her responsibilities shall be described in writing and kept on file by the nursing program.

(j) The assistant director shall function under the supervision of the director. Instructors shall function under the supervision of the director or the designee. Assistant instructors and clinical teaching assistants shall function under the supervision of an instructor.

(k) The student/teacher ratio in the clinical setting shall be based on the following criteria:

- (1) Acuity of patient needs;
- (2) Objectives of the learning experience;
- (3) Class level of the students;
- (4) Geographic placement of students;
- (5) Teaching methods; and
- (6) Requirements established by the clinical agency.

### **§ 1425. Faculty—Qualifications and Changes.**

All faculty, the director, and the assistant director shall be approved by the board pursuant to the document, "Faculty Qualifications and Changes Explanation of CCR Section 1425 (EDP-R-02 Rev 01/09), which is incorporated herein by reference. A program shall report to the board all changes in faculty, including changes in teaching areas, prior to employment of, or within 30 days after, termination of employment of a faculty member. Such changes shall be reported on forms provided by the board. Faculty Approval/Notification form (EDP-P-02, Rev 01/09) and Director or Assistant Director Approval form (EDP-P-03, Rev 01/09) are incorporated herein by reference. Each faculty member, director, and assistant director shall hold a clear and active license issued by the board and shall possess the following qualifications:

(a) The director of the program shall meet the following minimum qualifications:

- (1) A master's or higher degree from an accredited college or university which includes course work in nursing, education or administration;
- (2) One (1) year's experience as an administrator with validated performance of administrative responsibilities consistent with section 1420(h);
- (3) Two (2) years' experience teaching in pre- or post-licensure registered nursing programs; and
- (4) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse.
- (5) Equivalent experience and/or education as determined by the board.

(b) The assistant director shall meet the education requirements set forth in subsections (a)(1) above and the experience requirements set forth in subsections (a)(3) and (a)(4) above, or such experience as the board determines to be equivalent.

(c) An instructor shall meet the following minimum qualifications:

- (1) The education requirements set forth in subsection (a)(1);
- (2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by:
  - (A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or
  - (B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrate clinical competency; and

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(3) Completion of at least one (1) year's experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes practice in teaching registered nursing.

(d) An assistant instructor shall meet the following minimum qualifications:

(1) A baccalaureate degree from an accredited college which shall include courses in nursing, or in natural, behavioral or social sciences relevant to nursing practice;

(2) Direct patient care experience within the previous five (5) years in the content area to which he or she will be assigned, which can be met by:

(A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or

(B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrate clinical competency.

(e) A clinical teaching assistant shall have at least one (1) year continuous, full-time or its equivalent experience in the designated nursing area within the previous five years (5) as a registered nurse providing direct patient care.

(f) A content expert shall be an instructor and shall possess the following minimum qualifications:

(1) A master's degree in the designated nursing area; or

(2) A master's degree that is not in the designated nursing area and shall:

(A) Have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); and

(B) Have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area within the previous five (5) years.

### **§ 1425.1. Faculty Responsibilities.**

(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.

(b) Each faculty member shall participate in an orientation program, including, but not limited to, the program's curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation.

(c) A registered nurse faculty member shall be responsible for clinical supervision only of those students enrolled in the registered nursing program.

(d) Each faculty member shall demonstrate clinical competence in the nursing area in which he or she teaches. The board document, "Faculty Remediation Guidelines" (EDP-R-08 Rev. 01/09), provides guidelines for attaining and documenting clinical competence, and is hereby incorporated by reference.

### **§ 1426. Required Curriculum.**

(a) The curriculum of a nursing program shall be that set forth in this section and shall be approved by the board. Any revised curriculum shall be approved by the board prior to its implementation.

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(b) The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a student who completes the program will have the knowledge, skills, and abilities necessary to meet minimum competency standards of a registered nurse.

(c) The curriculum shall consist of not less than fifty-eight (58) semester units, or eighty-seven (87) quarter units, which shall include at least the following number of units in the specified course areas:

(1) Art and science of nursing, thirty-six (36) semester units or fifty-four (54) quarter units, of which eighteen (18) semester or twenty-seven (27) quarter units will be in theory and eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice.

(2) Communication skills, six (6) semester or nine (9) quarter units. Communication skills shall include principles of oral, written and group communication.

(3) Related natural sciences (anatomy, physiology, and microbiology courses with labs), behavioral and social sciences, sixteen (16) semester or twenty-four (24) quarter units.

(d) Theory and clinical practice shall be concurrent in the following nursing areas: geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics, and pediatrics. Instructional outcomes will focus on delivering patient-centered care, practicing evidence-based practice, working as part of interdisciplinary teams, focusing on quality improvement, and using information technology. Instructional contents shall include, but is not limited to, the following: critical thinking, personal hygiene, patient protection and safety, pain management, human sexuality, client abuse, cultural diversity, nutrition (including therapeutic aspects), pharmacology, legal, social and ethical aspects of nursing, and nursing leadership and management.

(e) The following shall be integrated throughout the entire nursing curriculum.

(1) The nursing process;

(2) Basic intervention skills in preventive, remedial, supportive, and rehabilitative nursing;

(3) Physical, behavioral, and social aspects of human development from birth through all age levels;

(4) Knowledge and skills required to develop collegial relationships with health care providers from other disciplines;

(5) Communication skills including principles of oral, written and group communications;

(6) Natural science, including human anatomy, physiology, and microbiology; and

(7) Related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior relevant to health-illness.

(f) The program shall have tools that are directly related to course objectives to evaluate a student's academic progress, performance, and clinical learning experiences.

(g) The course of instruction shall be presented in semester or quarter units or the equivalent under the following formula:

(1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.

(2) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit.

### § 1426.1. Preceptorship

A preceptorship is a course, or component of a course, presented at the end of a board-approved curriculum, that provides students with a faculty-planned and supervised experience comparable to that of an entry-level registered nurse position. The following shall apply:

(a) The course shall be approved by the board prior to its implementation.

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(b) The program shall have written policies and shall keep policies on file for conducting the preceptorship that include all of the following:

- (1) Identification of criteria used for preceptor selection;
  - (2) Provision for a preceptor orientation program that covers the policies of the preceptorship and preceptor, student, and faculty responsibilities;
  - (3) Identification of preceptor qualifications for both the primary and the relief preceptor that include the following requirements:
    - (A) An active, clear license issued by the board; and
    - (B) Meet the minimum qualifications specified in section 1425(e); and
    - (C) Employed by the health care agency for a minimum of one (1) year; and
    - (D) Completed a preceptor orientation program prior to serving as a preceptor;
    - (E) A relief preceptor, who is similarly qualified to be the preceptor and present and available on the primary preceptor's days off.
  - (4) Communication plan for faculty, preceptor, and student to follow during the preceptorship that addresses:
    - (A) The frequency and method of faculty/preceptor/student contact;
    - (B) Availability of faculty and preceptor to the student during his or her preceptorship experience;
      - (i) Preceptor is present and available on the patient care unit the entire time the student is rendering nursing services during the preceptorship.
      - (ii) Faculty is available to the preceptor and student during the entire time the student is involved in the preceptorship learning activity.
  - (5) Description of responsibilities of the faculty, preceptor, and student for the learning experiences and evaluation during preceptorship, that include the following activities:
    - (A) Faculty member conducts periodic on-site meetings/conferences with the preceptor and the student;
    - (B) Faculty member completes and conducts the final evaluation of the student with input from the preceptor;
  - (6) Maintenance of preceptor records that includes names of all current preceptors, registered nurse licenses, and dates of preceptorships;
  - (7) Plan for an ongoing evaluation regarding the continued use of preceptors.
- (c) Faculty/student ratio for preceptorship shall be based on the following criteria:
- (1) Student/preceptor needs;
  - (2) Faculty's ability to effectively supervise;
  - (3) Students' assigned nursing area; and
  - (4) Agency/facility requirements.

**Authority cited:** Sections 2686.6, 2685, to-2788, Business and Professions Code.

### § 1427. Clinical Facilities.

(a) A nursing program shall not utilize any agency or facility for clinical experience without prior approval by the board. Each program must submit evidence that it has complied with the requirements of subdivisions (b), (c), and (d) of this section and the policies outlined by the board.

(b) A program that utilizes an agency or facility for clinical experience shall maintain written objectives for student learning in such facilities, and shall assign students only to facilities that can provide the experience necessary to meet those objectives.

(c) Each such program shall maintain written agreements with such facilities and such agreements shall include the following:

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- (1) Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives;
  - (2) Provision for orientation of faculty and students;
  - (3) A specification of the responsibilities and authority of the facility's staff as related to the program and to the educational experience of the students;
  - (4) Assurance that staff is adequate in number and quality to ensure safe and continuous health care services to the patients;
  - (5) Provisions for continuing communication between the facility and the program; and
  - (6) A description of the responsibilities of faculty assigned to the facility utilized by the program.
- (d) In selecting student placement in a new agency or facility, the program shall take into consideration the impact of such additional group of students has on students of other nursing programs already assigned to the agency or facility.

### **§ 1428. Student Participation.**

Students shall be provided the opportunity to participate with the faculty in the identification of policies and procedures related to students, including but not limited to:

- (a) Philosophy and objectives;
- (b) Learning experience; and
- (c) Curriculum, instruction and evaluation of the various aspects of the program, including clinical facilities.

### **§ 1428.6. Policies Relating to Establishing Eligibility for Examination.**

(a) At least four (4) weeks prior to its established graduation date, the nursing program shall submit to the board a roster of names of those students and their expected date to successfully complete required course work. Except as provided below such a student shall be deemed eligible to take the examination after the date on which the student successfully completed the required course work.

(b) The nursing program shall notify the board immediately by telephone, facsimile, or e-mail of any student who fails to maintain eligibility and such individual shall be deemed ineligible to take the examination.

### **§ 1429. Licensed Vocational Nurses, Thirty (30) Semester or Forty-Five (45) Quarter Unit Option**

(a) An applicant who is licensed in California as a vocational nurse is eligible to apply for licensure as a registered nurse if such applicant has successfully completed the courses prescribed below and meets all the other requirements set forth in section 2736 of the code. Such applicant shall submit evidence to the board, including a transcript of successful completion of the requirements set forth in subsection (c) and of successful completion or challenge of courses in physiology and microbiology, with lab, comparable to such courses required for licensure as a registered nurse.

(b) The program shall offer objective counseling of this option and evaluate each licensed vocational nurse applicant for admission to its registered nursing program on an individual basis. A school's determination of the prerequisite courses required of a licensed vocational nurse applicant shall be based on an analysis of each applicant's academic deficiencies, irrespective of the time such courses were taken.

(c) The additional education required of licensed vocational nurse applicants shall not exceed a maximum of thirty (30) semester or forty-five (45) quarter units. Courses required for vocational nurse licensure do not fulfill the additional education requirement. However, other courses comparable to



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those required for licensure as a registered nurse, as specified in section 1426, may be fulfill the additional education requirement.

Nursing courses shall be taken in an approved nursing program and shall be beyond courses equivalent to the first year of professional nursing courses. The nursing content shall include nursing intervention in acute, preventive, remedial, supportive, rehabilitative and teaching aspects of nursing. Theory and courses with concurrent clinical practice shall include advanced medical-surgical, mental health, psychiatric nursing and geriatric nursing. The nursing content shall include the basic standards for competent performance prescribed in section 1443.5 of these regulations.

### **§ 1430. Previous Education Credit.**

An approved nursing program shall have a process for a student to obtain credit for previous education or for other acquired knowledge in the field of nursing through equivalence, challenge examinations, or other methods of evaluation. The program shall:

(a) Make the information available in published documents, such as college catalog or student handbook, and online; and

(b) Have policies and procedures for alternative program entry and completion options for an applicant who has:

- (1) A license or certificate in the field of health care;
- (2) Previous education in a registered nursing program; or
- (3) Earned a baccalaureate or higher degree from a regionally accredited institution.

**Note: Authority cited:** Sections 2715 and 2786.6, Business and Professions Code. Reference: Sections 2736, 2786.6, Business and Professions Code.

### **§1431. Licensing Examination Pass Rate Standard.**

The nursing program shall maintain a minimum pass rate of seventy-five percent (75%) for first time licensing examination candidates.

(a) A program exhibiting a pass rate below seventy-five percent (75%) for first time candidates in an academic year shall conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate and shall submit a written report to the board. The report shall include the findings of the assessment and a plan for increasing the pass rate including specific corrective measures to be taken, resources, and timeframe.

(b) A board-approval visit will be conducted if a program exhibits a pass rate below seventy-five percent (75%) for first time candidates for two (2) consecutive academic years.

(c) The board may place a program on warning status with intent to revoke the program's approval and may revoke approval if a program fails to maintain the minimum pass rate pursuant to section 2788 of the code.

**Authority cited:** Sections 2786.6 and 2788, Business and Professions Code.

### **§1432. Change of Name or Address.**

Each school holding a certificate of approval shall file its legal name and current mailing address with the board at its principal office and shall notify the board at said office of any change or name or address within thirty (30) days after such change. It shall give both the old and the new name or address.

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## Attachment 2

### CALIFORNIA CODE OF REGULATIONS Proposed Regulatory Amendments Article 3 ~~Schools of Nursing~~ Program

#### § 1420. Definitions

For purposes of this article, the term:

(a) “Affiliated institution” means a non-institution of higher education, such as a hospital, that is approved or has applied for board approval for a nursing program and is affiliated with an institution of higher education pursuant to section 2786 of the code;

~~(a)~~ (b) “~~Accredited~~ Approved nursing program” means a school, program, department or division of nursing in this state ~~accredited~~ approved under the provisions of Sections 2785 through 2789 of the code and this article;

~~(b)~~ “Administration” means coordinating, directing and participating in all activities involving in developing, implementing and managing a nursing program;

(c) “Assistant Director” means a registered nurse administrator or faculty member who meets the qualifications of section 1425(b) and is designated by the director to assist in the administration of the program and perform the functions of the director when needed;

~~(c)~~ (d) “Clinically competent” means that a the nursing program faculty member possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by staff level registered nurses of the ~~clinical unit~~ nursing area to which the ~~instructor~~ faculty member is assigned;

~~(d)~~ (e) “Clinical practice” means the planned learning experiences designed for students to apply application of nursing knowledge and skills to meet course objectives in a variety of board-approved clinical facilities settings. Clinical practice includes and participation in planned learning experiences provided in various health care agencies as well as nursing skills labs, simulation labs, and computer labs; by students, both of which are designed to meet course objectives;

(f) “Content expert” means an instructor who has the responsibility to review and monitor the program’s entire curricular content for a designated nursing area of geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics, or pediatrics;

~~(f)~~ (g) “Course of instruction” means the minimum education program prescribed by the board that meets the requirements of section 1426 for eligibility to take the licensing examination and that is not less than two (2) academic years or equivalent;

~~(g)~~ (h) “Director” means the registered nurse administrator or faculty member who meets the qualifications of section 1425(a) and has the authority and responsibility who to administers the program. -and who has the authority and responsibility for yearly fiscal planning of its resources. The director coordinates and directs all activities in developing, implementing, and managing a nursing program, including its fiscal planning

~~(g)~~ “Education program” means an organized plan of instruction.

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~~(j)~~(i) "Faculty" means all registered nurses who teach in an approved nursing program accredited by the board;

(j) "Institution of higher education" means an educational setting that provides post-secondary or higher education, such as a university, a community college, or other collegial institution that grants associate of arts degrees or baccalaureate or higher degrees to graduates of the nursing program;

~~(e)~~ (k) "Learning experiences" means those activities planned for students by the faculty; ~~which~~ that are designed to meet the objectives of the required course of instruction, including the basic standards of competent performance in section 1443.5;

~~(l)~~ "Sponsoring hospital" means a hospital which has implemented and is supporting a nursing program;

~~(h)~~ (l) "Nursing process" means the application of scientific, evidence-based knowledge in the identification and treatment of actual or potential patient health problems. The nursing process includes assessment, nursing diagnosis, planning and outcome identification, implementation, and evaluation; problem solving techniques of assessment, planning, implementing and evaluating a plan of care, which requires technical and scientific knowledge and judgmental and decision-making skills;

~~(k)~~ (m) "Non-faculty/preceptor" means all persons other than faculty members who meet the minimum qualifications of clinical teaching assistant and are selected by the nursing program to teach ~~and/or~~ supervise nursing students in designated clinical nursing areas;

(n) "Preceptor" means a registered nurse who meets the qualifications set out in section 1426.1(b)(3)(A) to (D), employed by a health care agency, who is assigned to assist and supervise nursing students in an educational experience that is designed and directed by a faculty member;

(o) "Prelicensure registered nursing program" means an institution of higher education or affiliated institution that offers a course of instruction to prepare students for entry level registered nurse practice and to take the licensing examination;

~~(m)~~ (p) "Year" means an academic year, unless otherwise specified.

## § 1421. Application for Accreditation Approval.

(a) ~~An educational institution of higher education or affiliated institution applying for or sponsoring hospital seeking accreditation approval of a new prelicensure registered nursing program (program applicant)~~ shall be in the state and shall comply with the requirements specified in the board's document entitled, "Instructions for Institutions Seeking Approval of a New Prelicensure Registered Nursing Program", (EDP-I-01Rev 01/09), ("Instructions"), which is hereby incorporated by reference, including:

(1) Notify the board in writing of its intent to offer a new program that complies with board requirements; ~~Upon the notification of such intent, a nursing consultant will be assigned to assist the proposed program with understanding the board's guidelines for the development of a new program.~~

(2) Submit a feasibility study report in accordance with the requirements specified in the board's "Instructions"; ~~guidelines for development of a new program.~~

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(3) Appoint a director who meets the requirements of Section 1425(b a). Such appointments shall be made upon board acceptance of the ~~plan~~ feasibility study for the proposed program.

(4) After acceptance of the feasibility study by the board, and No later than six (6) months prior to the proposed date for enrollment of students, submit a self-study formal proposal to the in accordance with the requirements specified in the "Instructions" demonstrating how the program will meet the requirements of Sections 1424 through 1432 of this article and sections 2786.6(a) and (b) of the code.

(5) Have a representative at public meetings of the board and board committee pursuant to the "Instructions" when the feasibility study and self-study are considered.

(b) The board shall consider the feasibility study and accept, reject, or defer action on the study to permit the program applicant time to provide additional information to be considered, based upon the following criteria:

(1) Evidence of initial and sustainable budgetary provisions for the proposed program;

(2) Institution of higher education's authority to grant an associate of arts, baccalaureate, or higher degree;

(3) For an affiliated institution, an agreement with an institution of higher education in the same general location authorized to grant an associate of arts, baccalaureate, or higher degree to students successfully completing the nursing program;

(4) Evidence of availability of clinical placements for students of the proposed program;

(5) Plans for administrative and faculty recruitment to staff the proposed program.

~~(b)-(c)~~ A representative of the board's designee shall review the self-study, conduct a site visit survey of the proposed program, and shall submit a written report to the board that contains findings as to whether the application and supporting documentation for the proposed program comply with the requirements set forth in (a)(4).

~~(e)~~ (d) The board shall consider the application along with the written report at a public meeting at which representatives of the program may appear, and may thereafter grant or deny accreditation approval, or defer action on the application. The board's decision is based on the applicant's demonstration that it meets the requirements of sections 1424 through 1432 and sections 2786.6(a) and (b) of the code. The board may thereafter grant or deny accreditation and shall notify the program of its decision.

~~(d)~~ A material misrepresentation of fact by a nursing program in any information required to be submitted to the board is grounds for denial or revocation of the program's accreditation.

## § 1422. Certificate of ~~Accreditation~~ Approval.

(a) A certificate of ~~accreditation~~ approval shall be issued to each nursing program when it is initially ~~accredited~~ approved by the board.

(b) The board shall revoke a nursing program's approval, and the program shall return the A certificate of accreditation approval shall be returned to the board when the program's accreditation has been revoked, under the following conditions:

(1) The institution of higher education cannot grant degrees; or

(2) The board determines that the nursing program is in non-compliance with the requirements set forth in this article or sections 2786 through 2788 of the code.

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## § 1423. ~~Accreditation~~ Approval Requirements

(a) In order for a program to be ~~accredited~~ approved by the board or to retain its ~~accreditation approval~~, it shall comply with all requirements set forth in this article and in ~~Sections~~ 2786 through 2788 of the code.

(b) A material misrepresentation of fact by a program applicant or an approved nursing program in any information required to be submitted to the board is grounds for denial of approval or revocation of the program's approval.

## § 1424. Administration and Organization of the Nursing Program.

(a) There shall be a written statement of philosophy and objectives ~~which~~ that serves as a basis for curriculum structure. Such statement shall take into consideration the individual difference of students, including their cultural and ethnic background, learning styles, goals, and support systems. It shall also take into consideration the concepts of nursing and man in terms of nursing activities, the environment, the health-illness continuum, and relevant knowledge from related disciplines.

(b) The policies and procedures by which the program is administered shall be in writing, shall reflect the philosophy and objectives of the program, and shall be available to all students.

(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.

(2) The program shall have a procedure for resolving student grievances.

(c) There shall be an organizational chart which identifies the relationships, lines of authority and channels of communication with the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies.

(d) The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment, including technology, to achieve the program's objectives.

(e) ~~A sufficient period of time shall be set aside, by the institution, exclusively for the use of the director or his or her designee~~ The director and the assistant director shall dedicate sufficient time for in the administration of the program.

(f) The program shall have a ~~registered nurse faculty member~~ board-approved assistant director who is knowledgeable and current regarding the program and the policies and procedures by which it is administered, and who is delegated the authority to ~~can~~ perform the director's duties in the ~~person's~~ director's absence.

(g) ~~The~~ Faculty members shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.

(h) The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing required by listed in Section 1426(d) ~~who shall be responsible for the educational program~~ will be the content expert in that area. Nursing faculty members whose teaching responsibilities

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include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.

(i) When a non-faculty individual participates in the instruction and supervision of students obtaining clinical experience, ~~their~~ his or her responsibilities shall be described in writing and kept on file by the nursing program.

(j) The assistant director shall function under the supervision of the director. Instructors shall function under the supervision of the director or the designee. Assistant instructors and clinical teaching assistants shall function under the supervision of an instructor.

(k) The student/teacher ratio in the clinical setting shall be based on the following criteria:

- (1) ~~a~~Acuity of patient needs;
- (2) ~~o~~Objectives of the learning experience;
- (3) ~~e~~Class level of the students;
- (4) ~~g~~Geographic placement of students;
- (5) ~~t~~Teaching methods; and
- (6) ~~r~~Requirements established by the clinical agency.

## § 1425. Faculty—Qualifications and Changes.

All faculty, the director, and the assistant director shall be approved by the board pursuant to the document, "Faculty Qualifications and Changes Explanation of CCR 1425 (EDP-R-02 Rev 01/09), which is incorporated herein by reference. A program shall report to the board all changes in faculty, including changes in teaching areas, prior to employment of, or within 30 days after, termination of employment of a faculty member. Such changes shall be reported on forms provided by the board. Faculty Approval/Notification form (EDP-P-02, Rev 01/09) and Director or Assistant Director Approval form (EDP-P-03, Rev 01/09) are herein incorporated by reference. Each ~~F~~faculty members, director, and assistant director shall hold a clear and active license issued by the board and shall possess the following qualifications:

~~(a) A nurse faculty member appointed on or after the effective date of these regulations shall hold a valid, active license issued by the board.~~

~~(b)~~(a) The ~~registered nurse~~ director of the program shall ~~have~~ meet the following minimum qualifications:

(1) A master's or higher degree from an accredited college or university which includes course work in nursing, education or administration;

(2) ~~A minimum of o~~One (1) year's experience in an administrative position as an administrator with validated performance of administrative responsibilities consistent with Section 1420(h);

(3) ~~A minimum of t~~Two (2) years' experience teaching in pre- or post-licensure registered nursing programs; and

(4) ~~At least o~~One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse, providing direct patient care; or

(5) Equivalent experience and/or education as determined by the board.

~~(c)~~(b) The ~~registered nurse~~ assistant director shall meet the education requirements set forth in subsections ~~(b)~~ (a)(1) above and the experience requirements set forth in subsections ~~(b)~~(a)(3) and ~~(b)~~(a)(4) above, or such experience as the board determines to be equivalent.

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~~(d)~~(c) An instructor shall meet the following ~~requirements~~ minimum qualifications:

(1) ~~Those~~ The education requirements set forth in subsection (b) (a)(1) and (b)(4) above;

(2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by:

(A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or

(B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrate clinical competency; and

~~(2)~~ (3) Completion of at least one (1) year's experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes practice in teaching registered nursing.

~~(e)~~(d) An assistant instructor shall ~~have~~ meet the following minimum qualifications:

(1) A baccalaureate degree from an accredited college which shall include courses in nursing, or in natural, behavioral or social sciences relevant to nursing practice;

(2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she will be assigned, which can be met by:

~~(A) At least one (1) year's continuous, full-time or its equivalent experience in direct patient care practice as a registered nurse~~ providing direct patient care as a registered nurse in the designated nursing area; or

(B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrate clinical competency.

~~(f)~~(e) A clinical teaching assistant shall ~~have had~~ have at least one (1) year's continuous, full-time or its equivalent experience in the designated nursing area within the previous five years (5) as a registered nurse providing direct patient care.

(f) A content expert shall be an instructor and shall possess the following minimum qualifications:

(1) A master's degree in the designated nursing area; or

(2) A master's degree that is not in the designated nursing area and shall:

(A) Have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); and

(B) Have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area within the previous five (5) years.

## § 1425.1. Faculty Responsibilities.

(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.

(b) Each faculty member shall participate in an orientation program, including, but not limited to, the program's curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation.

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~~(b)~~ (c) ~~The~~ A registered nurse faculty member shall be responsible for clinical supervision only of those students enrolled in the registered nursing program.

(d) Each faculty member shall be clinically competent in the nursing area in which he or she teaches. The board document, "Faculty Remediation Guidelines" (EDP-R-08 Rev. 01/08), which provides guidelines for attaining and documenting clinical competency is herein incorporated by reference.

## **§ 1426. Required Curriculum; ~~Prior Approval.~~**

(a) The curriculum of a nursing program shall be that set forth in this section, and shall be approved by the board. ~~A program's~~ Any revised curriculum shall ~~not be implemented or revised until it has been approved by the board prior to its implementation.~~

~~(b)~~ The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a nurse student who completes the program will have the knowledge, ~~and skills, and abilities~~ necessary to meet minimum competency standards of a registered nurse. ~~function in accordance with the minimum standards for competency set forth in section 1443.5.~~

(c) The curriculum shall consist of not less than fifty-eight (58) semester units, or eighty-seven (87) quarter units, which shall include at least the following number of units in the specified course areas:

(1) Art and science of nursing, thirty-six (36) semester units or fifty-four (54) quarter units, of which eighteen (18) semester or twenty-seven (27) quarter units will be in theory and eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice.

(2) Communication skills, six (6) semester or nine (9) quarter units. Communication skills shall include principles of ~~verbal~~ oral, written, and group communication.

(3) Related natural sciences (anatomy, physiology, and microbiology courses with labs), behavioral and social sciences, sixteen (16) semester or twenty-four (24) quarter units.

(d) Theory and clinical practice shall be concurrent in the following nursing areas: ~~medical-surgical, maternal/child, mental health, psychiatric nursing and geriatrics~~ geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics, and pediatrics. Instructional outcomes will focus on delivering patient-centered care, practicing evidence-based practice, working as part of interdisciplinary teams, focusing on quality improvement, and using information technology. Instructional contents shall include, be given in, but is not limited to, the following: critical thinking, personal hygiene, patient protection and safety, pain management, personal hygiene, human sexuality, client abuse, cultural diversity, nutrition (including therapeutic aspects), pharmacology, legal, social and ethical aspects of nursing, and nursing leadership and management.

(e) The following shall be integrated throughout the entire nursing curriculum.

(1) The nursing process;

(2) Basic intervention skills in preventive, remedial, supportive, and rehabilitative nursing;

(3) Physical, behavioral, and social aspects of human development from birth through all age levels;

(4) Knowledge and skills required to develop collegial relationships with health care providers from other disciplines;



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(5) Communication skills including principles of ~~verbal~~ oral, written, and group communications;

(6) Natural sciences, including human anatomy, physiology, and microbiology; and

(7) Related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior relevant to health-illness.

(f) The program shall have tools to evaluate a student's academic progress, performance, and clinical learning experiences that are directly related to course objectives.

~~(f)~~ (g) The course of instruction shall be presented in semester or quarter units or the equivalent under the following formula:

(1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.

(2) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit.

## **§ 1426.1. Preceptorship**

A preceptorship is a course, or component of a course, presented at the end of a board-approved curriculum, that provides students with a faculty-planned and supervised experience comparable to that of an entry-level registered nurse position. The following shall apply:

(a) The course shall be approved by the board prior to its implementation.

(b) The program shall have written policies and shall keep policies on file for conducting the preceptorship that include all of the following:

(1) Identification of criteria used for preceptor selection;

(2) Provision for a preceptor orientation program that covers the policies of the preceptorship and preceptor, student, and faculty responsibilities;

(3) Identification of preceptor qualifications for both the primary and the relief preceptor that include the following requirements:

(A) An active, clear license issued by the board; and

(B) Meet the minimum qualifications specified in section 1425(e); and

(C) Employed by the health care agency for a minimum of one (1) year; and

(D) Completed a preceptor orientation program prior to serving as a preceptor;

(E) A relief preceptor, who is similarly qualified to be the preceptor and present and available on the primary preceptor's days off.

(4) Communication plan for faculty, preceptor, and student to follow during the preceptorship that addresses:

(A) The frequency and method of faculty/preceptor/student contact;

(B) Availability of faculty and preceptor to the student during his or her preceptorship experience;

(i) Preceptor is present and available on the patient care unit the entire time the student is rendering nursing services during the preceptorship.

(ii) Faculty is available to the preceptor and student during the entire time the student is involved in the preceptorship learning activity.

(5) Description of responsibilities of the faculty, preceptor, and student for the learning experiences and evaluation during preceptorship, that include the following activities:

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(A) Faculty member conducts periodic on-site meetings/conferences with the preceptor and the student;

(B) Faculty member completes and conducts the final evaluation of the student with input from the preceptor;

(6) Maintenance of preceptor records that includes names of all current preceptors, registered nurse licenses, and dates of preceptorships;

(7) Plan for an ongoing evaluation regarding the continued use of preceptors.

(c) Faculty/student ratio for preceptorship shall be based on the following criteria:

(1) Student/preceptor needs;

(2) Faculty's ability to effectively supervise;

(3) Students' assigned nursing area; and

(4) Agency/facility requirements.

Authority cited: Sections 2686.6, 2685, to-2788, Business and Professions Code.

## **§ 1427. Clinical Facilities.**

(a) A nursing program shall not utilize ~~any agency or facility agencies and/or community facilities~~ for clinical experience without prior approval by the board. Each program must submit evidence that it has complied with the requirements of subdivisions (b), ~~and~~ (c), ~~and~~ (d) of this section and the policies outlined by the board.

(b) A program ~~which that~~ utilizes ~~agencies an agency or facility and/or community facilities~~ for clinical experience shall maintain written objectives for student learning in such facilities, ~~stated in measurable performance terms~~, and shall assign students only to facilities ~~which that~~ can provide the experience necessary to meet those objectives.

(c) Each such program shall maintain written agreements with such facilities and such agreements shall include the following:

(1) Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives;

(2) Provision for orientation of faculty and students;

(3) A specification of the responsibilities and authority of the facility's staff as related to the program and to the educational experience of the students;

(4) Assurance that staff is adequate in number and quality to ~~insure~~ ensure safe and continuous health care services to the patients;

(5) Provisions for continuing communication between the facility and the program; and

(6) A description of the responsibilities of faculty assigned to the facility utilized by the program.

(d) In selecting a new clinical agency or facility for student placement, the program shall take into consideration the impact of such additional group of students has on students of other nursing programs already assigned to the agency or facility

## **§ 1428. Student Participation.**

~~(a)~~ Students shall be provided the opportunity to participate with the faculty in the identification of policies and procedures related to students including but not limited to:

~~(1)~~ (a) Philosophy and objectives;

~~(2)~~ (b) Clinical facilities;

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- ~~(3) (b)~~ Learning experience; and
- ~~(4) (c)~~ Curriculum, instruction and evaluation of the various aspects of the program, including clinical facilities.
- ~~(b) The program shall have a procedure for resolving student grievances.~~
- ~~(c) Tools used to evaluate progress, and performance and clinical learning experiences that are shall be and stated in measurable terms directly related to course objectives.~~

## **§ 1428.6. Policies Relating to Establishing Eligibility for Examination.**

(a) At least ~~two~~ four (4) weeks prior to its established graduation date, the nursing program shall submit to the board a roster of names of those students and their expected date to successfully complete required course work. Except as provided below such a student shall be deemed eligible to take the examination after the date on which the student successfully completed the required course work.

(b) The nursing program shall notify the board immediately by telephone, ~~or~~ facsimile, or e-mail of any student who fails to maintain eligibility and such individuals shall be deemed ineligible to take the examination.

## **§ 1429. Licensed Vocational Nurses, Thirty (30) Semester or Forty-Five (45) Quarter Unit Option**

(a) An applicant who is licensed in California as a vocational nurse is eligible to apply for licensure as a registered nurse if such applicant has successfully completed the courses prescribed below and meets all the other requirements set forth in ~~§~~ Section 2736 of the Code. Such applicant shall submit evidence to the board, including a transcript of successful completion of the requirements set forth in subsection (c) and of successful completion or challenge of courses in physiology and microbiology, with lab, comparable to such courses required for licensure as a registered nurse.

(b) The school shall offer objective counseling of this option and evaluate each licensed vocational nurse applicant for admission to its registered nursing program on an individual basis. A school's determination of the prerequisite courses required of a licensed vocational nurse applicant shall be based on an analysis of each applicant's academic deficiencies, irrespective of the time such courses were taken.

(c) The additional education required of licensed vocational nurse applicants shall not exceed a maximum of thirty (30) semester or forty-five (45) quarter units. Courses required for vocational nurse licensure do not ~~count toward fulfillment of~~ fulfill the additional education requirement. However, other courses comparable to those required for licensure as a registered nurse, as specified in ~~§~~ Section 1426, may fulfill ~~be counted toward fulfillment of~~ the additional education requirement.

Nursing courses shall be taken in an ~~accredited school~~ approved nursing program and shall be beyond courses equivalent to the first year of professional nursing courses. The nursing content shall include nursing intervention in acute, preventive, remedial, supportive, rehabilitative and teaching aspects of nursing. Theory and courses with concurrent clinical practice shall include advanced medical-surgical, mental health, psychiatric nursing and geriatric nursing. The nursing content shall include the basic standards for competent performance prescribed in ~~§~~ Section 1443.5 of these regulations.

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## **§ 1430. Previous Education Credit.**

An approved nursing program shall have a process for a student to obtain credit for previous education or for other acquired knowledge in the field of nursing through equivalence, challenge examinations, or other methods of evaluation. The program shall:

(a) Make the information available in published documents, such as college catalog or student handbook, and online; and

(b) Have policies and procedures for alternative program entry and completion options for an applicant who has:

(1) A license or certificate in the field of health care;

(2) Previous education in a registered nursing program; or

(3) Earned a baccalaureate or higher degree from a regionally accredited institution.

**Note: Authority cited:** Sections 2715 and 2786.6, Business and Professions Code. Reference: Sections 2736, 2786.6, Business and Professions Code.

## **§1431. Licensing Examination Pass Rate Standard.**

The nursing program shall maintain a minimum pass rate of seventy-five percent (75%) for first time licensing examination candidates.

(a) A program exhibiting a pass rate below seventy-five percent (75%) for first time candidates in an academic year shall conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate and shall submit a written report to the board. The report shall include the findings of the assessment and a plan for increasing the pass rate including specific corrective measures to be taken, resources, and timeframe.

(b) A board-approval visit will be conducted if a program exhibits a pass rate below seventy-five percent (75%) for first time candidates for two (2) consecutive academic years.

(c) The board may place a program on warning status with intent to revoke the program's approval and may revoke approval if a program fails to maintain the minimum pass rate pursuant to section 2788 of the code.

**Authority cited:** Sections 2786.6 and 2788, Business and Professions Code.

## **§1430 1432. Change of Name or Address.**

Each school holding a certificate of ~~accreditation~~ approval shall file its legal name and current mailing address with the board at its principal office and shall notify the board at said office of any change or name or address within thirty (30) days after such change. It shall give both the old and the new name or address.

**BOARD OF REGISTERED NURSING**

P.O. Box 944210, Sacramento, CA 94244-2100

P (916) 322-3350 / [www.rn.ca.gov](http://www.rn.ca.gov)**Draft Rev.1/21/09****Ruth Ann Terry, MPH, RN, Executive Officer**

## **INSTRUCTIONS FOR INSTITUTIONS SEEKING APPROVAL OF NEW PRELICENSURE REGISTERED NURSING PROGRAM (Business and Professions Code Section 2786; California Code of Regulations Sections 1421, 1422, and 1423)**

### **PURPOSE**

The Instructions specify the requirements and process for an institution of higher education or affiliated institution seeking approval of a new prelicensure registered nursing program (program applicant) pursuant to Business and Professions Code (B&PC) section 2786. The document is incorporated by reference in California Code of Regulations (CCR) section 1421.

### **STEPS IN THE APPROVAL PROCESS**

In accordance with B&PC section 2786(a), the program applicant may apply for Board approval of a new prelicensure registered nursing program. Affiliated institutions must make an agreement with an institution of higher education in the same general location to grant degrees to students who complete the registered nursing program. Such written agreement must be made prior to seeking approval from the Board. A copy of this agreement must be submitted with the feasibility study, described in Step 2.

The institution of higher education offering the program or the institution of higher education granting the degree for the new affiliated institution must have the authority to grant an associate of arts degree or baccalaureate or higher degree to individuals who graduate from the nursing program.

#### **STEP 1 – Submit a Letter of Intent:**

Submit a letter of intent to the Board of Registered Nursing (BRN) at least one year in advance of the anticipated date for admission of students. The letter must specify the name of the institution seeking approval; contact person; type of nursing program, e.g., associate degree, baccalaureate degree, entry-level master's, etc., and its location; and proposed start date. The letter is to be addressed to:

Executive Officer  
Board of Registered Nursing  
P.O. Box 944210  
Sacramento, CA 94244-2100

The Board will acknowledge receipt of the letter of intent.

## **STEP 2 – Submit Feasibility Study**

Submit a feasibility study to the BRN documenting the need for the program and the program applicant's ability to develop, implement, and sustain a viable prelicensure registered nursing program. The feasibility study shall include the following:

- a) Description of the institution and the institution's experience providing nursing or other health-related educational programs.
- b) Geographic area (community) served by the institution and a description of the community and its population.
- c) Description of the type of program being proposed (e.g., associate, baccalaureate, entry-level master's, etc.), the intended start date, projected size of the first class and enrollment projection for the first five years, and method for determining the projected enrollment.
- d) Information on the applicant pool and sustainability of enrollment for the proposed new prelicensure registered nursing program. Include data on existing nursing programs preparing students for licensure (vocational, associate, baccalaureate or entry level master's) within a 50 mile radius and a statement on plans for promoting the proposed program.
- e) Description of proposed provisions for required subject matter and support areas, including faculty and resources. (Consult CCR section 1426, Required Curriculum, for required subject matter.) Support areas include such items as the library, skills learning lab, and tutorial and counseling services.
- f) Budget projection that demonstrates initial and sustainable budgetary provisions for a full enrollment of the initial cohort. The projected budget demonstrates building of reserves to sustain the proposed program.
- g) Evidence of availability of clinical placements for students of the proposed program. Include a list of the clinical facilities that may be utilized for learning experiences and a description of any plans for future addition or expansion of health facilities. Provide a completed "Facility Verification Form" (EDP-I-01) for each health care facility that has agreed to provide clinical placement for students of the proposed program. When available, verification shall include the accommodations specifying shift and days.

**Note:** Clinical placements of the new program must take into consideration the impact on the use of the clinical facility by existing prelicensure registered nursing programs and must be coordinated with any process for clinical placement, such as consortium for regional planning.

## **STEP 3 – Review of Feasibility Study**

Upon submission of the feasibility study, a BRN staff member will review the study, and will work with the planners of the proposed nursing program to clarify issues and resolve any deficiencies. Close communication with BRN staff must be maintained during this time period. The process for initial review usually takes three to four weeks.

#### **STEP 4 –Education/Licensing Committee Recommendation on the Feasibility Study**

When the feasibility study is deemed complete, it will be submitted to the Board's Education/Licensing Committee (ELC) for discussion and action at a regularly scheduled meeting. (The meeting is open to the public, and there are opportunities for public comment.) The BRN will notify the program applicant of the ELC meeting dates at which the Committee will discuss and take action on the feasibility study. A representative of the program must be present at the ELC meeting to respond to any questions from the Committee regarding the feasibility study. The ELC will recommend to the Board the acceptance or non-acceptance of the feasibility study, or may defer action on the study to permit the institution time to provide additional information at a subsequent ELC meeting. The ELC considers the following criteria in determining its recommendation to the Board:

- 1) Evidence of initial and sustainable budgetary provisions for the proposed program.
- 2) Institution of higher authority to grant an associate of arts, baccalaureate, or higher degree.
- 3) For affiliated institutions, the agreement with an institution of higher education in the same general location to grant an associate of arts degree or baccalaureate or higher degrees to students completing the nursing program.
- 4) Evidence of availability of clinical placements for students of the proposed program.
- 5) Plans for administrative and faculty recruitment to staff the proposed program.

#### **STEP 5 - Board Action on the Feasibility Study**

The ELC's recommendation on the feasibility study will be submitted for Board discussion and action at a regularly scheduled Board meeting. (The Board meeting is also open to the public, with opportunities for public comment.) The Board may accept or not accept the study, or may defer action on the study to provide the program applicant with an opportunity to provide additional information. The Board considers the criteria specified in Step 4 in rendering its decision.

#### **STEP 6 - Appointment of Program Director**

Upon acceptance of the feasibility study, the program applicant shall appoint a director who meets the requirements of CCR section 1425(a).

#### **STEP 7 - Self-Study Report and Site Visit**

Upon Board acceptance of the feasibility study, a BRN Nursing Education Consultant (NEC) will be assigned as the BRN liaison for the proposed program. The program director will have responsibility for preparing the self-study for the proposed program and coordinating the site-visit. At least six (6) months prior to the projected date of student enrollment the program applicant must submit to the NEC a self-study that describes how the proposed program plans to comply with all BRN nursing program-related rules and regulations. The attached *Preparing the Self-Study Report for Approval of Initial Prelicensure Nursing Program* (EDP-I-19 Rev 01/09) and *Criteria and Guidelines for Self-Study* (EDP-R-03 Rev 01/09) must be used to compile the self-study.

The NEC will review the report and notify the program director of any deficiencies, issues, or concerns with the self-study. Once the NEC has verified the self-study satisfactorily addresses the applicable rules and regulations, the NEC will schedule an on-site visit. The NEC will visit selected clinical sites the program plans to use as part of the on-site visit. Clinical site visits may

be deferred depending on the start date of the proposed program. The NEC will complete a written report of findings.

### **STEP 8 – ELC and Board Actions related to Approval of the Proposed Program**

The NEC's written report is submitted to the Board's ELC for discussion and action at a regularly scheduled Committee meeting. The Committee may recommend that the Board grant or deny approval, or may defer action on the initial program approval to provide the program applicant a specified time period to resolve any problems and to resubmitted to the ELC. A representative of the proposed program must be present at the ELC meeting(s) to respond to any questions from the Committee.

The Board will take action at a regularly scheduled meeting following the ELC meeting. Representatives of the proposed program are encouraged to be present at the Board meeting(s) to respond to any questions. The action the Board may take includes the following:

- 1) Grant initial approval;
- 2) Deny approval;
- 3) Defer action on the approval to permit the program applicant a specified time period to resolve area(s) of non-compliance. After resolution of the area(s) of non-compliance, the proposed program must be submitted for Board action at another regularly scheduled meeting.

Any material misrepresentation of fact by the program applicant in any required information is grounds for denial of initial approval.

### **STEP 9 - Certificate of Approval**

A certificate of approval will be issued by the BRN once the Board grants initial approval.





**BOARD OF REGISTERED NURSING**

P.O. Box 944210, Sacramento, CA 94244-2100

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**FACILITY VERIFICATION FORM**

The nursing program must verify that clinical facilities offer necessary learning experiences to meet course/clinical objectives. The facility validates that clinical spaces for new students are available and impact on existing clinical placements of nursing programs was reviewed.

Name of the School:	Name of Director/Designee:
	Telephone Number:
Name of health care facility:	Name of Director of Nursing/Designee:
Type of health care facility (Acute, OPD, SNF, etc.)	Telephone Number:
Average Daily Census for the agency:	Address of Facility:

	Medical-Surgical	Obstetrics	Pediatrics	Psych – Mental Health	Geriatrics
Type of units where students can be placed in the health care facility (Place X in the column)					
Average daily census for each area					
Average personnel staffing for the shift for a unit (Include number of RNs, LVNs, CNAs, separately)					
Number of students placed in the unit at any one time.					
<i>Identify shifts and days available for placement of students in the program</i>					

**Provide the following information on all other schools utilizing your facility:** **Attach additional sheets if needed.**

Schools	Category of students (RN, LVN, CNA, etc.)	Number of students	Days & Hours	Semesters (Fall, Spr.)	Units used

☐ This agency does not have spaces to offer clinical spaces to the new program.

☐ This agency intends to offer clinical placement(s) to this new program.

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Agency Representative completing this form

Date

**CRITERIA & GUIDELINES FOR SELF-STUDY**Ruth Terry, MPH, RN  
Executive Officer  
(916) 322-3350

To become approved and to continue to be approved, a school shall, in addition to meeting the criteria stated in this document, comply with all sections of Article 3, Title 16, Chapter 14, California Code of Regulations and Article 4, Chapter 6, Business and Professions Code. A material misrepresentation of fact by a nursing program in any information required to be submitted to the Board is grounds for denial or revocation of the program's approval

<b>APPROVAL CRITERIA</b>	<b>INDICATORS</b>	<b>EVIDENCE</b>
<b>I. ADMINISTRATION</b>		<b>Including, but not limited to:</b>
SECTION 1424(a) There shall be a written statement of philosophy and objectives that serves as a basis for curriculum structure. Such statement shall take into consideration the individual difference of students, including their cultural and ethnic background, learning styles, goals, and support systems. It shall also take into consideration the concepts of nursing and man in terms of nursing activities, the environment, the health-illness continuum, and relevant knowledge from related disciplines.	<ul style="list-style-type: none"> <li>• The philosophy and the objectives of a nursing program must be consistent and serve as the basis of the curriculum structure.</li> <li>• Philosophical statement is readily available in writing to students, applicants and the public.</li> <li>• Course objectives are written in clear, behavioral terms and are included in all course syllabi.</li> <li>• Program philosophy is included in Self-Study.</li> </ul>	<p>A. Students report consistent implementation of program philosophy in their experiences in the program.</p> <p>B. Philosophy includes faculty's beliefs about:</p> <ol style="list-style-type: none"> <li>1. Person (humanity)</li> <li>2. Art and science of nursing.</li> <li>3. Nursing education, including the following individual differences among students,               <ol style="list-style-type: none"> <li>a. Cultural milieu,</li> <li>b. Ethnic background,</li> <li>c. Learning styles, and</li> <li>d. Support systems.</li> </ol> </li> </ol> <p>C. Program objectives reflect philosophy.</p>
SECTION 1424(b) The policies and procedures by which the program is administered shall be in writing, shall reflect the philosophy and objectives of the program, and shall be available to all students.	<ul style="list-style-type: none"> <li>• All policies and procedures by which the nursing program is administered shall reflect its philosophy and objectives.</li> <li>• Documents where information is available to students are included in the Self-Study.</li> <li>• Include a copy of Nursing Student Handbook with each Self-Study.</li> </ul>	<p>A. Written policies and procedures are available to student on the following activities: Admissions' Promotion; Retention; Graduation; Dismissal; Grievance policies' Transfer and Challenge policies.</p> <p>B. Students state they are aware of policies and procedures of the program and that they are universally applied.</p>

APPROVAL CRITERIA	INDICATORS	EVIDENCE
SECTION 1424(b)(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedure, attrition and retention of students, and performance of graduates in meeting community needs.	<ul style="list-style-type: none"> <li>• The evaluation process assesses the effectiveness of the total educational program, including the effectiveness of the evaluation plan as a quality improvement tool.</li> <li>• The faculty as a whole analyze data collected and make appropriate changes based on that input and the continuing evolution of nursing/health care theory and practice.</li> <li>• Faculty utilize a system to track problems and responses over time.</li> </ul>	<p>A. Written reports of the results of the total program evaluation, including:</p> <ol style="list-style-type: none"> <li>1. Attrition rates and patterns,</li> <li>2. Surveys, e.g., students, graduates, employers,</li> <li>2. NCLEX pass rates for past five years, and</li> <li>3. Any student issues or complaints.</li> </ol> <p>B. The above reports include:</p> <ol style="list-style-type: none"> <li>1. Patterns and trends,</li> <li>2. Faculty analysis,</li> <li>3. Outcome of analysis (change, resolution).</li> </ol>
Section 1424(b)(2) The program shall have procedure for resolving student grievances	<ul style="list-style-type: none"> <li>• The written procedure for resolution of student grievance should be consistent with the educational institution.</li> <li>• Identify location of written grievance policy in Self Study.</li> </ul>	<p>A. Written nursing program's grievance process printed in at least one official document.</p> <p>B. Grievance process is readily available to students, is objective and is universally applied.</p>
SECTION 1424(c) There shall be an organizational chart which identifies the relationships, lines of authority and channels of communication within the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies.	<ul style="list-style-type: none"> <li>• There is an organizational plan that shows lines of authority and channels of communication between the program, the institution and all clinical agencies.</li> <li>• Director has responsibility and authority to supervise and evaluate all program faculty and staff.</li> <li>• All faculty responsible for a nursing course, i.e., lead faculty, are approved as an Instructor and an Instructor, Assistant Director or the Director supervises all Assistant Instructors and Clinical Teaching Assistants.</li> </ul>	<p>A. Nursing Department organizational chart to include clinical agencies and relation to administration.</p> <p>B. Administrators, faculty and students verify authority and communication lines as indicated on organizational chart.</p> <p>C. Summary of minutes reflect identified relationships and communications:</p> <ol style="list-style-type: none"> <li>1. faculty meetings</li> <li>2. interdepartmental meetings</li> <li>3. interagency meetings</li> </ol>

APPROVAL CRITERIA	INDICATORS	EVIDENCE
SECTION 1424(d) The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment, including technology, to achieve the program's objectives.	<ul style="list-style-type: none"> <li>• There are adequate resources, including use of technology, to assist the students to achieve the program objectives.</li> <li>• Faculty have identified and sought to mitigate any limitations in resources or any barriers students' experience in accessing resources.</li> </ul>	<p>A. Written evaluation of resources, to include: Faculty; Library; Staff services; Support services; Learning/skills laboratory; Laboratory resources; Physical space; Equipment, include technology, such as equipment for simulation; and hardware/software</p> <p>B. Students and faculty verify adequacy of resources.</p> <p>C. Written report demonstrates tracking of any resource concerns or access problems.</p>
SECTION 1424(e) The director and the assistant director shall dedicate sufficient time for the administration of the program.	<ul style="list-style-type: none"> <li>• Director and assistant director have specified time set aside for the administration of the program.</li> <li>• Dedicated time for administration of the program is sufficient time for the director to perform the functions described in CCR section 1420(h). Director functions include the responsibility and authority to:               <ol style="list-style-type: none"> <li>1. Develop and implement the program budget,</li> <li>2. Plan, manage and evaluate all aspects of the program including, but not limited to:                   <ol style="list-style-type: none"> <li>a. Faculty and staff,</li> <li>b. Curriculum development and implementation,</li> <li>c. Compliance with Board rules and regulations, and</li> </ol> </li> <li>3. Act as a student advocate.</li> </ol> </li> </ul> <p><b>Note: Refer to and implement CCR 1420(h) and (c) for definitions of "Director" and "Assistant Director," respectively.</b></p>	<p>A. Job description for:</p> <ol style="list-style-type: none"> <li>1. Director</li> <li>2. Assistant director</li> </ol> <p>B. Semester/quarter schedule for:</p> <ol style="list-style-type: none"> <li>1. Director</li> <li>2. Assistant director</li> </ol>

APPROVAL CRITERIA	INDICATORS	EVIDENCE
SECTION 1424(f) The program shall have a board-approved assistant director who is knowledgeable and current regarding the program and the policies and procedures by which it is administered, and who is delegated the authority to perform the director's duties in the director's absence.	<ul style="list-style-type: none"> <li>There will be at least one Assistant Director, with a defined duty statement, who meets the qualifications for Assistant Director as stated in Section 1425(b).</li> <li>The amount of release time and responsibilities of the Assistant Director are specified.</li> </ul>	<p>A. Credentials of Assistant Director:</p> <ol style="list-style-type: none"> <li>Assistant Director Approval form</li> <li>Job descriptions of Assistant Director that defines administrative functions performed.</li> </ol> <p>B. Nursing Department organizational chart reflecting Assistant Director's role.</p> <p>C. Sufficient dedicated time to perform administrative functions.</p>
SECTION 1424(g) Faculty members shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.	<ul style="list-style-type: none"> <li>Faculty minutes reflects faculty participation by all faculty with regard to:               <ol style="list-style-type: none"> <li>Input into program policy development,</li> <li>Responsibility for program implementation and outcomes, and</li> <li>Evaluation of all aspects of program.</li> </ol> </li> </ul>	<p>A. A summary report of minutes demonstrating faculty's participation on their:</p> <ol style="list-style-type: none"> <li>Development of policies and procedures</li> <li>Planning, organization, implementing and evaluating all aspects of the program.</li> </ol> <p>B. Organizational chart reflecting the manner by which the faculty functions</p> <p>C. Faculty handbook</p> <p>D. Validation from students, faculty and director.</p>
SECTION 1424(h) The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing listed in section 1426(d) who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.	<ul style="list-style-type: none"> <li>Faculty members teaching in the nursing program will meet qualification listed in CCR 1425(c), (d) or (e).</li> <li>Information shall be available on each faculty's current education and experience in teaching theory and clinical.</li> <li>Faculty numbers, including the ratio of full-time to part-time faculty, will be sufficient to safely implement the curriculum.</li> </ul> <p><b>Note: Refer to and implement CCR 1420(d) for definition of "clinically competent."</b></p>	<p>A. Faculty profiles that include the last five years of activities related to their teaching assignment(s) and their approved clinical area(s). CE hours &amp;/or clinical work experiences sufficient to demonstrate faculty expertise and continued clinical competency.</p> <p>B. Identify education and clinical experience that qualifies each content expert for that role.</p> <p>C. List class schedule and faculty assignments and include in Self-Study.</p> <p>D. Faculty Approval/Resignation Notification forms(EDP-P-02)*</p> <p>E. Compliance with policy on content experts.</p>

APPROVAL CRITERIA	INDICATORS	EVIDENCE
SECTION 1424(i) When a non-faculty individual participates in the instruction and supervision of students obtaining clinical experience, his or her responsibilities shall be described in writing and kept on file by the nursing program.	<ul style="list-style-type: none"> <li>Non-faculty individuals shall have expertise in the area in which they are responsible for the clinical supervision of students.</li> </ul>	A. Identification of all non-faculty individuals and their responsibilities written and on file.
SECTION 1424(j) The assistant director shall function under the supervision of the director. Instructors shall function under the supervision of the director or the designee. Assistant instructors and clinical teaching assistants shall function under the supervision of an instructor.	<ul style="list-style-type: none"> <li>Describe the hierarchy of the faculty in relation to implementing the curriculum.</li> </ul>	A. List relationships from Director through all faculty and non-faculty members and responsibility for curriculum. B. Supervision is consistent with program organizational chart.
SECTION 1424(k) The student/teacher ratio in the clinical setting shall be based on the following criteria: (1) Acuity of patient needs; (2) Objectives of the learning experience; (3) Class level of the students; (4) Geographic placement of students; (5) Teaching methods; and (6) Requirements established by the clinical agency	<ul style="list-style-type: none"> <li>Plan to show rationale for student/teacher ratio based on criteria, Section 1424(k).</li> <li>Faculty evaluate initial and ongoing clinical placement of students.</li> </ul>	A. Written process for determining student/teacher ratio in all clinical sites. B. Minutes of meetings between faculty and clinical agency personnel. C. A written summary report on student evaluations of clinical settings. D. Students report clinical settings are adequate for them to meet course objectives.
<b>II. FACULTY QUALIFICATIONS &amp; CHANGES</b>		<b>Including, but not limited to:</b>
SECTION 1425 All faculty, the director, and the assistant director shall be approved by the board pursuant to the document, "Faculty Qualifications and Changes Explanation of CCR Section 1425 (EDP-R-02 Rev 01/09), which is incorporated herein by reference. A program shall report to the board all changes in faculty, including changes in teaching areas, prior to employment of, or within 30 days after, termination of employment of a faculty member. Such changes shall be reported on forms provided by the board. Faculty Approval/Notification form (EDP-P-02, Rev 01/09) and Director or Assistant Director Approval form (EDP-P-03, Rev 01/09) are herein incorporated by reference. Each faculty member, director, and assistant director shall hold a clear and active license issued by the board and shall possess the following qualifications:	<ul style="list-style-type: none"> <li>Director, Assistant Director, and all faculty must have on file in the program and with the Board an approval form, signed by Board staff, approving all administrative or teaching functions performed in the program.</li> <li>All nurse faculty members, Director, and Assistant Director will have a clear and active RN licensed by the board at all times</li> </ul>	A. Faculty, Assistant Director, and Director forms on file with Board are consistent with assignments and positions held in the program. B. List all faculty and administrators of the program showing current, active California RN licensure.

<b>APPROVAL CRITERIA</b>	<b>INDICATORS</b>	<b>EVIDENCE</b>
<p>SECTION 1425(a) The director of the program shall meet the following minimum qualifications:</p> <p>(1) A master's or higher degree from an accredited college or university which includes course work in nursing, education or administration;</p> <p>(2) One (1) year's experience as an administrator with validated performance of administrative responsibilities consistent with section 1420(h);</p> <p>(3) Two (2) years' experience teaching in pre- or post-licensure registered nursing programs; and</p> <p>(4) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse.</p> <p>(5) Equivalent experience and/or education as determined by the board.</p>	<ul style="list-style-type: none"> <li>• RN Director shall meet all requirements of 1425(a).</li> </ul>	<p>A. Narrative showing how position is filled:</p> <ol style="list-style-type: none"> <li>1. Appointed or elected (process),</li> <li>2. Term of office, and</li> <li>3. Amount of time for administrative functions.</li> </ol> <p>B. Duty statement that includes functions listed under Indicators for section 1424(e). Also refer to definition of director in CCR 1420(h).</p> <p>C. Copy of approved Director or Assistant Director Approval (EDP-P-03)</p> <p>Note: It is the program's responsibility to demonstrate that a non-nursing degree and/or non-academic administrative experience meets the requirements of 1425(a).</p>
<p>SECTION 1425 (b) The assistant director shall meet the education requirements set forth in subsections (a)(1) above and the experience requirements set forth in subsections (a)(3) and (a)(4) above, or such experience as the board determines to be equivalent.</p>	<ul style="list-style-type: none"> <li>• The registered nurse Assistant Director shall meet minimum requirements of section 1425(b).</li> </ul>	<p>A. Narrative showing how position is filled:</p> <ol style="list-style-type: none"> <li>1. Appointed or elected position</li> <li>2. Term of office, and</li> <li>3. Amount of time for administrative functions.</li> </ol> <p>B. Duty statement that includes administrative functions assigned or shared. See definition, CCR section 1420(c) and 1420(e).</p> <p>C. Copy of approved Director or Assistant Director Approval (EDP-P-03).</p>

APPROVAL CRITERIA	INDICATORS	EVIDENCE
<p>SECTION 1425(c) An instructor shall meet the following minimum qualifications:</p> <p>(1) The education requirements set forth in subsection (a)(1);</p> <p>(2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by:</p> <p>(A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or</p> <p>(B) One (1) academic year or of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrate clinical competency; and</p> <p>(3) Completion of at least one (1) year's experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes practice in teaching registered nursing.</p>	<ul style="list-style-type: none"> <li>Instructors in the nursing programs shall meet minimum requirements of section 1425(c).</li> </ul>	<p>A. Faculty Approval/Resignation Notification (EDP-P-02).</p> <p>B. Description of clinical experience in approved content area within the previous five years.</p>
<p>SECTION 1425(d) An assistant instructor shall meet the following minimum qualifications:</p> <p>(1) A baccalaureate degree from an accredited college which shall include courses in nursing, or in natural, behavioral or social sciences relevant to nursing practice;</p> <p>(2) Direct patient care experience within the previous five (5) years in the content area to which he or she will be assigned, which can be met by:</p> <p>(A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or</p> <p>(B) One (1) academic year or of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrate clinical competency.</p>	<ul style="list-style-type: none"> <li>An Assistant Instructor shall meet minimum requirements of section 1425(d).</li> </ul>	<p>A. Faculty Approval/Resignation Notification (EDP-P-02).</p> <p>B. Description of clinical experience in approved content area within the previous five years.</p>



APPROVAL CRITERIA	INDICATORS	EVIDENCE
SECTION 1425(e) A clinical teaching assistant shall have at least one (1) year continuous, full-time or its equivalent experience in the designated nursing area within the previous five years (5) as a registered nurse providing direct patient care.	<ul style="list-style-type: none"> <li>The clinical teaching assistant shall meet the minimum requirements for section 1425(e).</li> </ul>	<p>A. Faculty Approval/Resignation Notification (EDP-P-02).</p> <p>B. Description of clinical experience in approved content area within the previous five years</p>
<p>SECTION 1425(f) A content expert shall be an instructor and shall possess the following minimum qualifications:</p> <p>(1) A master's degree in the designated nursing area; or</p> <p>(2) A master's degree that is not in the designated nursing area and shall:</p> <p>(A) Have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); and</p> <p>(B) Have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area within the previous five (5) years.</p>	<ul style="list-style-type: none"> <li>At least one content expert in the area of geriatrics, medical-surgical, mental-health/psychiatric nursing, obstetrics, and pediatrics with each expert's qualifying credentials listed in the Self-Study. Refer to CCR 1420(f) for the role of a content expert.</li> <li>Identification of content expert role in the curriculum implementation.</li> </ul>	<p>A. Faculty profiles that include the last five years of activities related to their teaching assignment(s) and their approved nursing area(s). CE hours and/or clinical work experiences are sufficient to demonstrate faculty expertise and continued clinical competency.</p> <p>B. Identify education and clinical experience that qualifies each content expert for that role</p> <p>C. Description on how content expert role is accomplished in program is included in the Self-Study</p>
<b>III. FACULTY RESPONSIBILITIES</b>		<b>Including, but not limited to</b>

APPROVAL CRITERIA	INDICATORS	EVIDENCE
SECTION 1425.1(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.	<ul style="list-style-type: none"> <li>• There shall be a record showing all activities and responsibilities of each faculty member.</li> <li>• The Board considers each faculty member responsible for the consistent implementation of the program philosophy, objectives, policies and curriculum.</li> <li>• The Board considers part time faculty share the same responsibility as full time faculty.</li> </ul>	A. Schedule of faculty/student rotations. B. Faculty job description C. Program's full-time/part-time policy. D. Students report consistent implementation of philosophy and framework across the curriculum. E. Meeting minutes, such as faculty, curriculum, etc.
SECTION 1425.1(b) Each faculty member shall participate in an orientation program, including, but not limited to, the program's curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation	<ul style="list-style-type: none"> <li>• Policy on orientation of a new faculty member.</li> <li>• Faculty handbook</li> </ul>	A. Policy on faculty orientation; B. Verification by faculty members.
SECTION 1425.1(c) A registered nurse faculty member shall be responsible for clinical supervision only of those students enrolled in the registered nursing program.	<ul style="list-style-type: none"> <li>• Registered nurse faculty members are responsible exclusively for clinical supervision of students in the registered nursing program.</li> <li>• List names of any faculty with a dual appointment between the institution and service and how position is funded.</li> </ul>	A. Schedule of faculty/student rotations. B. Clinical agency contracts reflect faculty responsibility for student supervision.
SECTION 1425.1(d) Each faculty member shall demonstrate clinical competence in the nursing area in which he or she teaches. The board document, "Faculty Remediation Guidelines" (EDP-R-08 Rev. 01/09), provides guidelines for attaining and documenting clinical competence, and is herein incorporated by reference.	<ul style="list-style-type: none"> <li>• Policy on faculty remediation.</li> </ul>	A. Faculty profiles that include the last five years of activities related to their teaching assignment(s) and their approved clinical area(s). CE hours &/or clinical work experiences sufficient to demonstrate faculty expertise and continued clinical competency. B. Completed faculty remediation plans.
<b>IV. REQUIRED CURRICULUM; PRIOR APPROVAL</b>		<b>Including, but not limited to:</b>

APPROVAL CRITERIA	INDICATORS	EVIDENCE
SECTION 1426(a) The curriculum of a nursing program shall be that set forth in this section and shall be approved by the board. Any revised curriculum shall be approved by the board prior to its implementation..	<ul style="list-style-type: none"> <li>The Board of Registered Nursing shall approve the current curriculum of a nursing program prior to its implementation.</li> </ul>	<p>A. Program curriculum forms are <u>signed</u> and consistent with Board files.</p> <ol style="list-style-type: none"> <li>Total Curriculum Plan form (EDP-P-05).</li> <li>Course of Instruction form (EDP-P-06).</li> </ol> <p>B. Hours &amp; units implemented are consistent with Program and Board files.</p>
SECTION 1426(b) The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a student who completes the program will have the knowledge, skills, and abilities necessary to meet minimum competency standards of a registered nurse.	<ul style="list-style-type: none"> <li>Curriculum shall have a unifying theme that includes the nursing process and is a plan that provides the necessary knowledge, skills, and abilities necessary for the student to function and meet minimum competency standard for a RN and to meet standards of competence in CCR section 1443.5.</li> <li>Narrative and/or a diagram showing how curriculum model includes nursing process and embodies program philosophy.</li> <li>Each faculty implements curriculum according to agreed upon philosophy, objectives and theoretical framework/unifying theme.</li> </ul>	<p>A. Consistency of curriculum will be reflected in:</p> <ol style="list-style-type: none"> <li>Course syllabi,</li> <li>Student and faculty evaluations, and</li> <li>Pattern of attrition across the curriculum.</li> </ol> <p>B. Curriculum is relevant to current nursing practice and reflects standards of competence performance (CCR 1443.5). This is demonstrated by:</p> <ol style="list-style-type: none"> <li>NCLEX pass rates and trends,</li> <li>Evaluations of graduate and employer surveys and program reviews.</li> </ol>
SECTION 1426(c) The curriculum shall consist of not less than fifty-eight (58) semester units, or eighty-seven (87) quarter units, which shall include at least the following number of units in the specified course areas:	<ul style="list-style-type: none"> <li>The curriculum shall reflect the minimum requirements as stated in section 1426(c).</li> <li>Curriculum forms signed and dated by Board staff on file match program files.</li> </ul>	<p>A. Total Curriculum Plan for (EDP-P-05).</p> <p>B. Required Curriculum/Content Required for Licensure (EDP-P-06R)</p> <p>C. Approved units and hours consistent:</p>
(1) Art and science of nursing, thirty-six (36) semester units or fifty-four (54) quarter units, of which eighteen (18) semester or twenty-seven (27) quarter units will be in theory and eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice	<ul style="list-style-type: none"> <li>Course syllabi reflect units and hours documented on curriculum forms.</li> </ul>	<p>A. Board forms,</p> <p>B. College catalog,</p> <p>C. Course syllabi,</p> <p>D. Class schedule,</p> <p>E. Nursing Student Handbook,</p> <p>F. Verification from students and faculty.</p>
(2) Communication skills, six (6) semester or nine (9) quarter units. Communication skills shall include principles of oral, written and group communication.	<ul style="list-style-type: none"> <li>College courses that emphasize interpersonal communication skills, oral, written, group.</li> <li>Separate communication courses and may also be included in nursing courses, identify where met.</li> </ul>	EDP-P-06

<b>APPROVAL CRITERIA</b>	<b>INDICATORS</b>	<b>EVIDENCE</b>
(3) Related natural sciences (anatomy, physiology, and microbiology courses with labs), behavioral and social sciences, sixteen (16) semester or twenty-four (24) quarter units.	<ul style="list-style-type: none"> <li>• A minimum of 16 (semester) /24 (quarter) units of sciences required, e.g., anatomy, physiology, microbiology, psychology, sociology, or cultural anthropology.</li> <li>• Other science units may be included or be apart of other degree requirements.</li> </ul>	Appropriate Board forms and program sources confirm compliance. *
SECTION 1426(d) Theory and clinical practice shall be concurrent in the following nursing areas: geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics, and pediatrics. Instructional outcomes will focus on delivering patient-centered care, practicing evidence-based practice, working as part of interdisciplinary teams, focusing on quality improvement, and using information technology. Instructional contents shall include, but is not limited to, the following: critical thinking, personal hygiene, patient protection and safety, pain management, human sexuality, client abuse, cultural diversity, nutrition (including therapeutic aspects), pharmacology, legal, social and ethical aspects of nursing, and nursing leadership and management.	<ul style="list-style-type: none"> <li>• All nursing courses shall have concurrent theory and clinical practice.</li> <li>• Clinical practice sufficient to meet course objectives and standards of competent performance (CCR 1443.5) is expected for each of five nursing areas of registered nursing practice.</li> </ul>	<p>A. Schedule of classes.</p> <p>B. Schedule of clinical rotations.</p> <p>C. Identification of content areas that are integrated (e.g., geriatrics, nutrition, and pharmacology, etc.)</p> <p>D. Course syllabi.</p>

APPROVAL CRITERIA	INDICATORS	EVIDENCE
<p>SECTION 1426(e) The following shall be integrated throughout the entire nursing curriculum.</p> <p>(1) The nursing process;</p> <p>(2) Basic intervention skills in preventive, remedial, supportive, and rehabilitative nursing;</p> <p>(3) Physical, behavioral, and social aspects of human development from birth through all age levels;</p> <p>(4) Knowledge and skills required to develop collegial relationships with health care providers from other disciplines;</p> <p>(5) Communication skills including principles of oral, written and group communications;</p> <p>(6) Natural science, including human anatomy, physiology, and microbiology; and</p> <p>(7) Related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior relevant to health-illness.</p>	<ul style="list-style-type: none"> <li>The curriculum shall reflect all subsections of Section 1426(e).</li> <li>Include in Self Study the approved (<u>signed by NEC</u>) curriculum forms:               <ol style="list-style-type: none"> <li>Total Curriculum Plan (EDP-P-05 or EDP-P-05A)</li> <li>Required Curriculum/Content Required for Licensure (EDP-P-06 or EDP-P-06 Rev 09/01)</li> </ol> </li> </ul>	<p>A. Course syllabi will contain appropriate:</p> <ol style="list-style-type: none"> <li>Course objectives,</li> <li>Curriculum content, and</li> <li>Clinical experiences, including nursing skills and clinical conference.</li> </ol> <p>B. Communication skills and related sciences provided by:</p> <ol style="list-style-type: none"> <li>Support courses provided on campus and/or accepted as transfer credit</li> <li>Integration into nursing courses</li> </ol> <p>C. Narrative summary evaluating relevance and effectiveness of above content.</p>
<p>SECTION 1426(f) The program shall have tools that are directly related to course objectives to evaluate a student's academic progress, performance, and clinical learning experiences.</p>	<ul style="list-style-type: none"> <li>There is a formal plan for evaluation of students' achievements that is based upon clinical objectives that are measurable and related to course outcome objectives.</li> <li>The student evaluation plan is consistently implemented across the curriculum.</li> </ul>	<p>A. Clinical evaluation tools related to clinical/course objectives that are stated in measurable terms.</p> <p>B. Documentation of student conferences.</p> <p>C. Report by students of consistent implementation of evaluation of students' academic progress based on clearly stated objectives.</p>
<p>SECTION 1426(g) The course of instruction shall be presented in semester or quarter units under the following formula:</p> <ol style="list-style-type: none"> <li>One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.</li> <li>Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit.</li> </ol>	<ul style="list-style-type: none"> <li>Nursing program must utilize semester or quarter units as designated by college policy. Indicate if using a compressed calendar</li> <li>Total hour for theory is based on the number of weeks times one hour/week/unit.</li> <li>Total hour for clinical is based on the number of weeks times 3 hrs/week/unit.</li> </ul> <p>Note: Courses may be compressed as long as total number of hours/unit equals the total for the base number of weeks in the semester or quarter.</p>	<p>A. Hours per unit accurately reflected in:</p> <ol style="list-style-type: none"> <li>Total Curriculum Plan Form (EDP-P-05 or EDP-P-05A) Form 05A will calculate total hours if opened in Excel.</li> <li>College/university catalogue</li> <li>Course outlines/syllabi</li> <li>Student handbook</li> <li>Credit granted</li> </ol>

APPROVAL CRITERIA	INDICATORS	EVIDENCE
<p>SECTION 1426.1 A preceptorship is a course, or component of a course, presented at the end of a board-approved curriculum, that provides students with a faculty-planned and supervised experience comparable to that of an entry-level registered nurse position. The following shall apply:</p> <p>SECTION 1426.1(a) The course shall be approved by the board prior to its implementation.</p>	<ul style="list-style-type: none"> <li>• Preceptorship, if implemented is approved by the Board;</li> <li>• Faculty is assigned to a course that has the supervisory responsibilities for the course;</li> <li>• Policies and procedures for the preceptorship course are clear;</li> <li>• Preceptor orientation is provided to preceptors.</li> </ul>	<p>Preceptorship course policies. Verified by faculty, preceptor, students.</p>
<p>SECTION 1426.1(b) The program shall have written policies and shall keep policies on file for conducting the preceptorship that include all of the following:</p> <p>(1) Identification of criteria used for preceptor selection;</p>	<ul style="list-style-type: none"> <li>•</li> </ul>	<p>Preceptor policy</p>
<p>SECTION 1426.1(b)(2) Provision for a preceptor orientation program that covers the policies of the preceptorship and preceptor, student, and faculty responsibilities;</p>	<ul style="list-style-type: none"> <li>• Formalized orientation program is available for preceptors;</li> <li>• All Preceptors complete an orientation that covers policies and procedures of the preceptorship and responsibilities of the preceptor, student, and faculty prior to being assigned students;</li> </ul>	<p>Preceptor policy and records.</p>
<p>SECTION 1426.1(b)(3) Identification of preceptor qualifications for both the primary and the relief preceptor that include the following requirements:</p> <p>(A) An active, clear license issued by the board; and</p> <p>(B) Meet the minimum requirements specified in section 1425(e); and</p> <p>(C) Employed by the health care agency for a minimum of one (1) year; and</p> <p>(D) Completed a preceptor orientation program prior to serving as a preceptor;</p> <p>(E) A relief preceptor, who is similarly qualified to be the preceptor and present and available on the primary preceptor's days off.</p>	<ul style="list-style-type: none"> <li>• Preceptors meet the requirements per 1426.1;(b)(3);</li> <li>• Required records for preceptors are maintained;</li> </ul>	

APPROVAL CRITERIA	INDICATORS	EVIDENCE
<p>SECTION 1426.1(b)(4) Communication plan for faculty, preceptor, and student to follow during the preceptorship, including:</p> <p>(A) The frequency and method of faculty/preceptor/student contact;</p> <p>(B) Availability of faculty and preceptor to the student during his or her preceptorship experience.</p> <p>(i) Preceptor is present and available on the patient care unit during the entire time the student is in his or her preceptorship rendering nursing services.</p> <p>(ii) Faculty is available to the preceptor and student during the entire time the student is involved in the preceptorship learning activity.</p>	<ul style="list-style-type: none"> <li>• Communication plan during preceptorship is clear to all parties involved.</li> <li>• Preceptor and faculty are available to the student during his or her preceptorship experience.</li> </ul>	<p>Preceptor course files and responses from student/preceptor interview</p>
<p>SECTION 1426.1(b)(5) Description of responsibilities of the faculty, preceptor, and student for the learning experiences and evaluation during preceptorship, including following activities:</p> <p>(A) Faculty member conducts periodic on-site meetings/conferences with the preceptor and the student;</p> <p>(B) Faculty member completes the final evaluation of the student with input from the preceptor;</p>	<ul style="list-style-type: none"> <li>• Onsite meetings are held at regular intervals;</li> <li>• Conduct ongoing monitoring and evaluation;</li> </ul>	<p>Interview with students/preceptors</p>
<p>SECTION 1426.1(b)(6) Maintenance of preceptor records that includes names of all current preceptors, registered nurse licenses, and dates of preceptorships;</p>	<ul style="list-style-type: none"> <li>• Preceptor files kept on file.</li> </ul>	<p>Preceptor files contain required information.</p>
<p>SECTION 1426.1(b)(7) Plan for an ongoing evaluation regarding the continued use of preceptors.</p>	<ul style="list-style-type: none"> <li>• </li> </ul>	
<p>SECTION 1426.1(c) Faculty/student ratio for preceptorship shall be based on the following criteria:</p> <p>(1) Student/preceptor needs;</p> <p>(2) Faculty's ability to effectively supervise;</p> <p>(3) Students' assigned nursing area; and</p> <p>(4) Agency/facility requirements.</p>	<ul style="list-style-type: none"> <li>• Criteria on faculty/student ratio for preceptorship are used.</li> </ul>	<p>Effectiveness of supervision using the given ratio. Responses from faculty, preceptors, students.</p>

APPROVAL CRITERIA	INDICATORS	EVIDENCE
<b>V. CLINICAL FACILITIES</b>		<b>Including, but not limited to</b>
Section 1427(a) A nursing program shall not utilize any agency and/or facility for clinical experience without prior approval by the board. Each program must submit evidence that it has complied with the requirements of subdivisions (b), (c), and (d) of this section and the policies outlined by the board.	<ul style="list-style-type: none"> <li>• List of clinical facilities used by the nursing program is kept.</li> <li>• Program will have a Clinical Site Approval form (EDP-P-08) for each facility the program uses for clinical learning experience.</li> <li>• Verification that selected clinical sites meet requirements of subdivision (b)(c) below.</li> </ul>	A. The following documents verify compliance: <ol style="list-style-type: none"> <li>1. Clinical Site Approval form (EDP-P-08),*</li> <li>2. Curriculum/Faculty form (EDP-P-11)</li> <li>3. Clinical contracts,</li> <li>4. Minutes of interagency meetings, and</li> <li>5. Written evaluation/verification of clinical sites. (May use Verification Form EDP-P-14.)</li> </ol>
Section 1427(b) A program that utilizes an agency or facility for clinical experience shall maintain written objectives for student learning in such facilities, and shall assign students only to facilities that can provide the experience necessary to meet those objectives	<ul style="list-style-type: none"> <li>• Clinical agencies shall be utilized only when they can provide the experiences necessary to meet course objectives.</li> <li>• Written objectives shall be posted and available on each unit or area when students are present.</li> </ul>	A. The following demonstrates compliance: <ol style="list-style-type: none"> <li>1. Consultants are readily able to obtain current written objectives at each site visited.</li> <li>2. Students report ability to meet clinical objectives and that faculty and RN staff support the students' learning.</li> <li>3. Written report that summarizes student and faculty evaluations of clinical sites and changes made when indicated.</li> </ol>
<p>SECTION 1427(c) Each such program shall maintain written agreements with such facilities and such agreements shall include the following:</p> <ol style="list-style-type: none"> <li>(1) Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives;</li> <li>(2) Provisions for orientation of faculty and students;</li> <li>(3) A specification of the responsibilities and authority of the facility's staff as related to the program and to the educational experience of the students;</li> <li>(4) Assurance that staff is adequate in number and quality to insure safe and continuous health care services to the patients.</li> <li>(5) Provisions for continuing communication between the facility and the program; and</li> <li>(6) A description of the responsibilities of faculty assigned to the facility utilized by the program.</li> </ol>	<ul style="list-style-type: none"> <li>• Clinical contracts shall meet the requirements stated in section 1427(c)(1)-(6). (Include in the Self Study as a sample of contract form(s) used.)</li> <li>• A process that faculty use for discussing the program's philosophy, curricular framework and specific course objectives with clinical agencies. (Include in Self Study.)</li> <li>• A statement of adequate staffing must be included in the contract with the clinical agency.</li> <li>• Job responsibilities of the faculty should be delineated in the agency contracts.</li> <li>• How orientation of faculty occurs and who is responsible to orient students.</li> </ul>	<p>A. All clinical agencies used by program will have a signed, current contract that includes all the requirements of 1427(c)(1) – (6).</p> <p>B. Written summary of interagency meetings including resolution of any problems.</p> <p>C. Written plan for the following if not detailed in contract:</p> <ol style="list-style-type: none"> <li>1. Communication between agency and college or university.</li> <li>2. Orientation of faculty and students.</li> <li>3. Preceptor Program if applicable.</li> <li>4. Work-Study Program if applicable.</li> </ol>



APPROVAL CRITERIA	INDICATORS	EVIDENCE
SECTION 1427(d) In selecting student placement in a new agency or facility, the program shall take into consideration the impact of such additional group of students has on students of other nursing programs already assigned to the agency or facility.	<ul style="list-style-type: none"> <li>Interagency meeting minutes shall reflect considerations of impact being given on placement of a new clinical group at the agency.</li> </ul>	
<b>VI. STUDENT PARTICIPATION</b>		<b>Including, but not limited to:</b>
<p>Section 1428(a) students shall be provided the opportunity to participate with the faculty in the identification of policies and procedures related to students including but not limited to:</p> <p>(1) Philosophy and objectives;</p> <p>(2) Learning experiences; and</p> <p>(3) Curriculum, instruction and evaluation of the various aspects of the program, including clinical facilities.</p>	<ul style="list-style-type: none"> <li>There is active student participation formally or informally with the faculty in the identification of policies and procedures relating to the students in the nursing program.</li> <li>Avenues for student input listed in Self Study, such as:               <ol style="list-style-type: none"> <li>Committee membership(s) and whether students have voting privileges,</li> <li>Student representatives by name and level,</li> <li>Method used to collect written student course evaluations, and</li> <li>Utilization of student nurses organization if applicable.</li> <li>Any other avenues open to students to have input into program activities.</li> </ol> </li> </ul>	<p>A. Written report tracking student issues and complaints and program responses. (Identify location of verifying documentation.)</p> <p>B. Verification from students and faculty concerning student participation.</p> <p>C. Faculty analysis of student evaluations of courses, faculty, clinical sites and program, including changes made as appropriate.</p> <p>D. Description of student representative's responsibilities, how selected and process for student to student communication.</p>
<b>VII. POLICIES RELATING TO ESTABLISHING ELIGIBILITY FOR EXAMINATION</b>		<b>Including, but not limited to:</b>
SECTION 1428.6(a) At least four (4) weeks prior to its established graduation date, the nursing program shall submit to the board a roster of names of those students and their expected date to successfully complete required course work. Except as provided below such a student shall be deemed eligible to take the examination after the date on which the student successfully completed the required course work.	Procedure is in place for submission of Board required forms for graduates of the program.	Policies and procedures used by the program.

APPROVAL CRITERIA	INDICATORS	EVIDENCE
SECTION 1428.6(b) The nursing program shall notify the board immediately by telephone, facsimile, or e-mail of any student who fails to maintain eligibility and such individual shall be deemed ineligible to take the examination.		
<b>VII. LICENSED VOCATIONAL NURSES, Thirty (30) Semester or Forty-Five (45) Quarter Unit Option</b>		<b>Including, but not limited to</b>
SECTION 1429(a) An applicant who is licensed in California as a vocational nurse is eligible to apply for licensure as a registered nurse if such applicant has successfully completed the courses prescribed below and meets all the other requirements set forth in Section 2736 of the Code. Such applicant shall submit evidence to the Board, including a transcript, of successful completion of the requirements set forth in sub-section (c) and of courses in physiology and microbiology comparable to such courses required for licensure as a registered nurse.	Note: This section refers to the California Licensed Vocational Nurse applying for licensure in California as a Registered Nurse through the 30 unit/45 unit Option. The process for program applicants who are applying for advanced placement due to prior education and experience should be addressed under Transfer and Challenge section 2786.6.	Transcripts will reflect eligibility to sit for the licensure examination in California.
SECTION 1429(b) The school shall offer objective counseling of this option and evaluate each licensed vocational nurse applicant for admission to its registered nursing program on an individual basis. A school's determination of the prerequisite courses required of a licensed vocational nurse applicant shall be based on an analysis of each applicant's academic deficiencies, irrespective of the time such courses were taken.	<ul style="list-style-type: none"> <li>• Counseling is provided to all LVN applicants to the program and shall include the following: <ol style="list-style-type: none"> <li>1. Minimum requirements for licensure shall be explained objectively to each applicant.</li> <li>2. Previous courses shall be analyzed on an individual basis.</li> <li>3. No recency requirements shall be applied to prerequisite courses for this option.</li> </ol> </li> <li>• There is at least one officially published document describing this option.</li> </ul>	<p>A. The official school document that indicates all options available to LVNs interested in RN licensure and that each applicant will be individually evaluated.</p> <p>B. Program Director, college/university counselors and students verify option is made available and that counseling is offered.</p> <p>C. Written narrative of program's experience with 30 (45) unit Option students including:</p> <ol style="list-style-type: none"> <li>1. Number of graduates,</li> <li>2. Evaluation of attrition rates, and</li> <li>3. Licensing exam (NCLEX) pass rates.</li> </ol>

APPROVAL CRITERIA	INDICATORS	EVIDENCE
SECTION 1429(c) The additional education required of licensed vocational nurse applicants shall not exceed a maximum of thirty (30) semester or forty-five (45) quarter units. Courses required for vocational nurse licensure do not count toward fulfillment of the additional education requirement. However, other courses comparable to those required for licensure as a registered nurse, as specified in Section 1426, may be counted toward fulfillment of the additional education requirement.	<ul style="list-style-type: none"> <li>Curriculum requirements for 30/45 unit Option included in Self Study is consistent with Board approved curriculum requirements for this option. (EDP-P-06 or EDP-P-06 Rev.)</li> <li>The program will specify no more than 30 semester or 45 quarter units for completion of minimum requirements for a California LVN to be eligible for the NCLEX-RN.</li> <li>Course work will be beyond the licensed vocational nursing level.</li> </ul>	<p>A. Transcripts shall reflect designated courses required by section 1429(c).</p> <p>B. Course syllabi for this option reflect the minimum units/hours as listed on approved curriculum form.</p> <p>C. Implementation of this option verified by students and faculty.</p>
Nursing courses shall be taken in an approved program and shall be beyond courses equivalent to the first year of professional nursing courses. The nursing content shall include nursing intervention in acute, preventive, remedial, supportive, rehabilitative and teaching aspects of nursing. Theory and courses with concurrent clinical practice shall include advanced medical-surgical, mental health, psychiatric nursing, and geriatric nursing. The nursing content shall include the basic standards for competent performance prescribed in Section 1443.5 of these regulations.	Note: Students who complete this option (30/45 unit) will take NCLEX-RN as a non-graduate. This status will not change even if student goes on to obtain a degree. There is no restriction to practice within California. The student may have difficulty in transferring to another state or territory. The student may also have difficulty applying to a college/university for an advanced degree.	
<b>VIII PREVIOUS EDUCATION CREDIT</b>		
<p>SECTION 1430 An approved nursing program shall have a process for an applicant to obtain credit for previous education or for other acquired knowledge in the field of nursing through equivalence, challenge examinations, or other methods of evaluation. The program shall:</p> <p>SECTION 1430(a) Make the information available to applicants and the public in published documents, such as college catalog or student handbook, and online;</p>	<ul style="list-style-type: none"> <li>Process for providing alternative entry and completion options for applicants will be described in Self Study and includes:             <ol style="list-style-type: none"> <li>Challenge examination for theory and clinical practice, if required,</li> <li>Type and percent of students entered into advanced placement, and</li> <li>How eligibility for advanced placement is determined.</li> </ol> </li> </ul>	<p>A. All policies, including alternative entry and completion options are readily available to applicants, and the policies are universally applied</p> <p>B. Written policy for challenge and transfer options.</p> <p>C. The challenge/transfer policy is known by students.</p> <p>D. Students eligible for alternative options were offered the opportunity for challenge and/or transfer of previous education for credit</p>

APPROVAL CRITERIA	INDICATORS	EVIDENCE
<p>SECTION 1430(b) Have policies and procedures for alternative entry and completion options for applicants, who have:</p> <p>(1) A license or certificate in the field of health care;</p> <p>(2) Previous education in a registered nursing program; or</p> <p>(3) Earned a baccalaureate or higher degree from a regionally accredited institution.</p> <p>Note: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2736, 2786.6, Business and Professions Code.</p>	<ul style="list-style-type: none"> <li>• Program has a process to grant credit for previous education for all nursing courses and other acquired knowledge.</li> <li>• Policy for challenge and transfer is written and is available to students.</li> </ul> <p>Note: The Board will accept the college or university's evaluation on granting credit as reflected in the applicants transcript</p>	<p>A. College catalog</p> <p>B. Student handbook</p> <p>C. Written materials for admission</p>
IX LICENSING EXAMINATION PASS RATE STANDARD		Including, but not limited to:
<p>SECTION 1431 The nursing program shall maintain a minimum pass rate of seventy-five percent (75%) for first time licensing exam candidates.</p> <p><b>SECTION 1431(a)</b> A program exhibiting a pass rate below seventy-five percent (75%) for first time candidates in an academic year shall conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate and shall submit a written report to the board. The report shall include the findings of the assessment and a plan for increasing the pass rate including specific corrective measures to be taken, resources, and timeframe.</p>	<p>Systematic evaluation plan shall include monitoring of licensing exam pass rates;</p> <ul style="list-style-type: none"> <li>• First substandard performance (first academic year) <ul style="list-style-type: none"> <li>a. Discuss with the program director</li> <li>b. Ask the director to submit a report outlining the program's action plan.</li> </ul> </li> <li>• Second substandard performance (second academic year) <ul style="list-style-type: none"> <li>a. Schedule an interim visit with specific objectives which include:</li> <li>b. Meeting with director <ol style="list-style-type: none"> <li>1. Meeting with administrator</li> <li>2. Meeting with faculty</li> <li>3. Establish whether program's action plan is still current, and whether being met.</li> <li>4. Document on interim visit form.</li> <li>5. NEC presents finding in a written report to ELC with director present.</li> </ol> </li> </ul> </li> </ul>	<p>Systematic evaluation - Data collection and annual evaluation data on pass rates.</p> <p>Faculty/committee meeting minutes</p> <p>ATI and/or other measurement tools being used.</p>

<b>APPROVAL CRITERIA</b>	<b>INDICATORS</b>	<b>EVIDENCE</b>
SECTION 1431(b) A board-approval visit will be conducted if a program exhibits a pass rate below seventy-five percent (75%) for first time candidates for two (2) consecutive academic years.	<ul style="list-style-type: none"> <li>• NEC schedules a visit if there is no improvement and pass remains substandard for two consecutive years, within the next six months, per BPC section 2788.</li> </ul>	
SECTION 1431(c) The board may place a program on warning status with intent to revoke the program's approval and may revoke approval if a program fails to maintain the minimum pass rate pursuant to section 2788 of the Code.	<ul style="list-style-type: none"> <li>• ELC makes recommendation to the board when indicated.</li> </ul>	

## **FACULTY QUALIFICATIONS AND CHANGES – EXPLANATION OF CCR SECTION 1425**

<b>REGULATION</b>	<b>EXPLANATION</b>
SECTION 1425 All faculty, the director, and the assistant director shall be approved by the board pursuant to the document, “Faculty Qualifications and Changes Explanation of CCR Section 1425 (EDP-R-02 Rev 01/09), which is incorporated herein by reference. A program shall report to the board all changes in faculty, including changes in teaching areas, prior to employment of, or within 30 days after, termination of employment of a faculty member. Such changes shall be reported on forms provided by the board. Faculty Approval/Notification form (EDP-P-02, Rev 01/09) and Director or Assistant Director Approval form (EDP-P-03, Rev 01/09) are incorporated herein by reference. Each faculty member, director, and assistant director shall hold a clear and active license issued by the board and shall possess the following qualifications:	<ol style="list-style-type: none"><li>1. All faculty, the director, and the assistant director must receive board approval using the specified forms.</li><li>2. A program reports all changes in faculty, including changes in teaching of nursing areas, prior to employment of or within 30 days of resignation/termination.</li></ol>
Section 1425(a) The director of the program shall meet the following minimum qualifications: (1) A master's or higher degree from an accredited college or university which includes course work in nursing, education or administration;	<ol style="list-style-type: none"><li>1. Master's or higher degree in nursing, education or administration.</li></ol>

REGULATION	EXPLANATION
Section 1425(a)(2) One (1) year's experience as an administrator with validated performance of administrative responsibilities consistent with section 1420(h);	<ol style="list-style-type: none"> <li>1. Administrative position is defined as a director or assistant director whose responsibility and accountability includes coordinating, directing, fiscal planning, and all activities involved in developing, implementing and managing the nursing program.</li> <li>2. Administrative responsibility:               <ol style="list-style-type: none"> <li>(a) in a registered nursing education program, which includes diploma, associate, baccalaureate and post-licensure RN programs; or</li> <li>(b) as a director of nursing and/or hospital inservice education program.</li> </ol> </li> <li>3. An academic year of two (2) semesters or three (3) quarters will be regarded as equivalent to one year's administrative experience.</li> </ol>
Section 1425(a)(3) Two (2) years' experience teaching in pre- or post-licensure registered nursing programs; and	<ol style="list-style-type: none"> <li>1. An academic year is defined as two (2) semesters or three (3) quarters.</li> <li>2. Two (2) years teaching experience as instructor.</li> <li>3. Full-time teaching experience preferred.</li> <li>4. Pre- or post-licensure registered nursing program such as associate, baccalaureate, master's, or doctoral degree nursing programs.</li> </ol>
Section 1425(a)(4) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse. Section 1425(a)(5) Equivalent experience and/or education as determined by the board.	<ol style="list-style-type: none"> <li>1. One (1) year's continuous full-time experience, or equivalent, as a registered nurse providing direct patient care.</li> </ol>
SECTION 1425 (b) The assistant director shall meet the education requirements set forth in subsections (a)(1) above and the experience requirements set forth in subsections (a)(3) and (a)(4) above, or such experience as the board determines to be equivalent.	<ol style="list-style-type: none"> <li>1. Master's degree which includes course work in nursing, education, or administration.</li> <li>2. Two (2) years teaching experience in a pre- or post-licensure registered nursing program such as associate, baccalaureate, master's, or doctoral degree nursing programs. Pre-licensure registered nursing teaching experience at the "Instructor" classification.</li> <li>3. One (1) year's continuous experience, or equivalent, as a registered nurse providing direct patient care.</li> </ol>

REGULATION	EXPLANATION
<p>Section 1425(c) An instructor shall meet the following minimum qualifications:</p> <p>(1) The education requirements set forth in subsection (a)(1);</p> <p>(2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by:</p> <p>(A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or</p> <p>(B) One (1) academic year or of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrate clinical competency; and</p> <p>(3) Completion of at least one (1) year's experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes practice in teaching registered nursing.</p>	<p>1. Master's or higher degree, which includes course work in nursing, education or administration.</p> <p>2. Direct patient care experience within the previous five (5) years in the nursing areas (geriatrics, medical-surgical, mental-health/psychiatric nursing, obstetrics, or pediatrics) to which the faculty is assigned, that can be met either one of the following:</p> <p>(A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or</p> <p>(B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrate clinical competency; and</p> <p>3. Validated clinical competence. "Clinically competent" as defined in section 1420(d), which means that a nursing program faculty member possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by staff level registered nurses of the nursing area to which the faculty member is assigned.</p> <p>4. The equivalent of one (1) year's teaching experience can be met by:</p> <p>(A) teaching in a pre- or post-licensure registered nursing program for one academic year; or</p> <p>(B) completion of a post-baccalaureate registered educational course that includes practice in teaching registered nursing given by an accredited college or nursing school. The course includes teaching strategies, course outline and lesson plan development, evaluation, and practice teaching.</p>



REGULATION	EXPLANATION
<p>Section 1425(d) An assistant instructor shall meet the following minimum qualifications:</p> <p>(1) A baccalaureate degree from an accredited college which shall include courses in nursing, or in natural, behavioral or social sciences relevant to nursing practice;</p>	<p>1. Baccalaureate degree must be in nursing or related natural, behavioral or social science fields,</p> <p>2. May teach in classroom but may not take full responsibility for the course.</p> <p>3. Requires supervision by an instructor, who has the final responsibility for students' course grade.</p> <p>4. May not serve as content expert.</p>
<p>(2) Direct patient care experience within the previous five (5) years in the content area to which he or she will be assigned, which can be met by:</p> <p>(A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or</p> <p>(B) One (1) academic year or of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrate clinical competency.</p>	<p>2. Direct patient care experience within the previous five (5) years in the nursing areas (geriatrics, medical-surgical, mental-health/psychiatric nursing, obstetrics, or pediatrics) to which the faculty is assigned, that can be met either one of the following:</p> <p>(A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or</p> <p>(B) One (1) academic year or of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrate clinical competency; and</p> <p>3. Validated clinical competence. "Clinically competent" as defined in section 1420(d), which means that a nursing program faculty member possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by staff level registered nurses of the nursing area to which the faculty member is assigned.</p>

REGULATION	EXPLANATION
<p>1425(e) A clinical teaching assistant shall have at least one (1) year continuous, full-time or its equivalent experience in the designated nursing area within the previous five years (5) as a registered nurse providing direct patient care.</p>	<ol style="list-style-type: none"><li>1. Direct patient care experience within the previous five (5) years in the nursing areas (geriatrics, medical-surgical, mental-health/psychiatric nursing, obstetrics, or pediatrics) to which the faculty is assigned.</li><li>2. Validated clinical competence. “Clinically competent” as defined in section 1420(d) means that a nursing program faculty member possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by staff level registered nurses of the clinical unit to which the faculty member is assigned.</li><li>3. May not have any responsibility for classroom instruction.</li><li>4. Requires supervision by an instructor, who has the final responsibility for students’ course grade. Supervision, however, does not require Instructor is to be physically present with the clinical teaching assistant..</li></ol>

**BOARD OF REGISTERED NURSING**

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Ruth Ann Terry, MPH, RN, Executive Officer

**FACULTY REMEDIATION GUIDELINES****PURPOSE**

The purpose of these guidelines is to assist directors in assuring faculty members who will be teaching in new content/clinical areas [i.e., not already approved by the BRN] are clinical competent.

**STATUTORY AUTHORITY**

CCR Section 1420(d) defines clinical competency:

"Clinically competent" means that the nursing program faculty member possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by staff level registered nurses of the nursing area to which the faculty member is assigned.

**EXPLANATION OF REGULATIONS**

Faculty members, for BRN purposes, include BRN approved instructors, assistant instructors, and clinical teaching assistants. To teach in a new nursing/clinical area, the faculty member must be able to function at the level of a staff RN in the designated nursing area (Geriatrics, Medical-Surgical., Mental Health/Psychiatric Nursing, Obstetrics, or Pediatrics).

**A. Evaluation of Competency:**

- Evidence of direct patient care experience as a registered nurse, Direct patient care experience within the previous five (5) years in the nursing areas (geriatrics, medical-surgical, mental-health/psychiatric nursing, obstetrics, or pediatrics) to which the faculty is assigned, that can be met by either one of the following:
  - A. One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or
  - B. One (1) academic year or of registered nurse level clinical teaching experience or its equivalent in the designated nursing area that demonstrate clinical competency; and
- Sufficient evidence of continuing education classes that support the requested nursing area(s) taken in the last 5 years.

**B. Plan to Gain Clinical Competency:** Includes the following:

1. Director, in consultation with the content expert and faculty member, formulates a written remediation plan that includes:
  - (a) Specific measurable theory and clinical objectives sufficient to validate competency in the new content/clinical areas;
  - (b) Specific plan of activities sufficient to validate theory/clinical competency;
2. The program director may elect to send the assigned NEC a copy of the proposed remediation plan for comment prior to implementation (Optional).
3. The faculty member meets with the agency's representative or program's content expert, or both, to implement the remediation plan.
4. Upon completion of the plan, the faculty member presents the director **written verification** from **the preceptor or content expert**, that the **faculty member has demonstrated the competency level of a staff RN** and met the theory and clinical objectives specified in the remediation plan.

**DOCUMENTATION TO SUBMIT TO BRN:**

1. Remediation plan;
2. Written letter of verification of competency;
3. Faculty appointment form for specified nursing area(s).

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## **COMPONENTS OF A PRELICENSURE PRECEPTORSHIP (CCR section 1426.1)**

### **INTRODUCTION**

A preceptorship is a course presented at the end of a board-approved curriculum that provides students with a faculty planned and supervised registered nursing experience that is comparable to an entry-level registered nurse position. Preceptorship course must be approved by the Board prior to its implementation. Implementation of a preceptorship course is handled as a minor curriculum revision.

Some examples of preceptorship experiences include the following:

- to care for individuals and/or groups of patients in the clinical setting;
- to provide opportunities to implement leadership and management skills;
- to develop expertise, skill in advanced clinical practice, and organizational skills
- to minimize the probability of culture shock upon full entry into practice, reducing role conflict

“Preceptor” means a registered nurse who meets the qualifications set out in section 1426.1(b)(3)(A) to (D), employed by a health care agency, who is assigned to assist and supervise nursing students in an educational experience that is designed and directed by a faculty member [CCR section 1420(n)].

Desired characteristics of a preceptor include:

- **COMPETENCY** - The RN demonstrates nursing expertise in the delivery of care and ability to direct staff (recommendations made by clinical supervisors or by attainment of a specific staff level).
- **POSITIVE ATTITUDE** - The RN has expressed a desire to work with a student in the preceptor role.
- **COMMUNICATION SKILLS** - The RN has demonstrated ability to communicate effectively with patients, faculty, students, staff, and physicians.

Points to Consider for Preceptorship Experience:

- The recommended time frame for a use of preceptor experience as described in this guideline is the senior year.
- Recommended preceptor/student ratio is 1 to 1.
- Preceptorship experience need not be limited to medical surgical settings and may be scheduled in any clinical area where clinical objectives can be met.

### **REQUIREMENTS OF PRECEPTORSHIP [CCR section 1426.1]**

(a) Have written policies for the preceptorship course approved by the board.

(b) Preceptorship policies and procedures shall be kept on file by the program and shall include the following:

(1) Identification of criteria used for preceptor selection;

(2) Provision for a preceptor orientation program that covers the policies of the preceptorship and preceptor, student, and faculty responsibilities;

- (3) Identification of preceptor qualifications and designation of a relief preceptor that include following requirements:
    - (A) An active, clear license issued by the board; and
    - (B) Meet the minimum qualifications specified in section 1425(e); and
    - (C) Employed by the health care agency for a minimum of one (1) year; and
    - (D) Completed a preceptor orientation program prior to serving as a preceptor;
    - (E) A relief preceptor, who is similarly qualified to be the preceptor and present and available on the primary preceptor's days off.
  - (4) Communication plan for faculty, preceptor, and student to follow during the preceptorship, including:
    - (A) The frequency and method of faculty/preceptor/student contact;
    - (B) Availability of faculty and preceptor to the student during his or her preceptorship experience.
      - (i) Preceptor is present and available on the patient care unit during the entire time the student is in his or her preceptorship rendering nursing services.
      - (ii) Faculty is available to the preceptor and student during the entire time the student is involved in the preceptorship learning activity.
  - (5) Description of responsibilities of the faculty, preceptor, and student for the learning experiences and evaluation during preceptorship, including following activities:
    - (A) Faculty member conducts periodic on-site meetings/conferences with the preceptor and the student;
    - (B) Faculty member completes the final evaluation of the student with input from the preceptor;
  - (6) Maintenance of preceptor records that includes names of all current preceptors, registered nurse licenses, and dates of preceptorships;
  - (7) Plan for an ongoing evaluation regarding continued use of preceptors.
- (c) Faculty/student ratio for preceptorship shall be based on the following criteria:
- (1) Student/preceptor needs;
  - (2) Faculty's ability to effectively supervise;
  - (3) Students' assigned nursing area; and
  - (4) Agency/facility requirements.

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Ruth Ann Terry, MPH, RN, Executive Officer



## LICENSING EXAMINATION PASS RATE STANDARD

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### NEC Procedure for Monitoring Schools with Substandard NCLEX Performance

**Regulatory Authority:**

CCR section 1431. Licensing Examination Pass Rate Standard

“The nursing program shall maintain a minimum pass rate of seventy-five percent (75%) for first time licensing exam candidates.”

- (a) A program exhibiting a pass rate below seventy-five percent (75%) for first time candidates in an academic year shall conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate and shall submit a written report to the board. The report shall include the findings of the assessment and a plan for increasing the pass rate including specific corrective measures to be taken, resources, and timeframe.
- (b) A board-approval visit will be conducted if a program exhibits a pass rate below seventy-five percent (75%) for first time candidates for two (2) consecutive academic years.
- (c) The board may place a program on warning status with intent to revoke the program's approval and may revoke approval if a program fails to maintain the minimum pass rate pursuant to section 2788 of the code

**Education/Licensing Committee's goal 6:** Continue the assessment and review of the NCLEX-RN examination process, and maintain collaborative relationship with the National Council of State Boards of Nursing

**Goal 6.5:** Continually monitor and report NCLEX-RN first-time pass rates of California candidates.

**Procedure:**

1. CAT statistics are made available on a quarterly basis. The NEC review s the statistics quarterly and make recommendations after each academic year.
  - First substandard performance (first academic year) - Discuss with the program director the ELC goal and whether this is an expected or unexpected occurrence. Ask the director to submit a report outlining the program's action plan.
  - Second substandard performance (second academic year) - Schedule an interim visit with specific objectives which include:
    - a. Meeting with director
    - b. Meeting with administrator
    - c. Meeting with faculty
    - d. Establish whether program's action plan is still current, and whether being met.
    - e. Document on interim visit form.
    - f. Present a written report of findings to ELC with director present.

2. If there is no improvement in the following quarter, the program's NEC will conduct a full continuing approval visit within the next six months, and submit a written report of the findings to the ELC.
3. If there is evidence that the program has failed to address its substandard performance, the ELC will make a recommendation to the Board to place a program on warning status with intent to revoke the program's approval. The Board may revoke approval if a program fails to maintain the minimum pass rate pursuant to section 2788 of the code, .

**FACULTY APPROVAL / RESIGNATION NOTIFICATION**

(Submit forms electronically or if mailed in DUPLICATE)

Ruth Terry, MPH, RN  
Executive Officer  
(916) 322-3350

EDP-P-02 (Rev. 01/09)

**INSTRUCTIONS:**Print or type. Complete **BOTH SIDES** of form for Faculty Approval.

Check a box for approval or resignation notification.

*Provide the appointee with a photocopy of this form after it has been approved by a BRN consultant.*

Program Name:

Appointee's Name:

CA RN License:

Expiration Date:

Verified by:

**CLASSIFICATION AND STATUS**

In addition to California Code of Regulations (CCR) Section 1425, all faculty must meet CCR section 1424(h), which states nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned and Section 1420(d), which defines clinically competent to mean that a nursing program faculty member possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by staff level registered nurses of the clinical unit to which the faculty member is assigned.

**Faculty Approval / Resignation Notification:**

Check one box. Complete Page 1 for all approvals / resignation notifications.

☐ **Initial Faculty Approval** (Submit prior to employment)

Complete Second Page:

Section A for Instructor.

Section B for Assistant Instructor

Section C for Clinical Teaching Assistant.

☐ **Faculty Reclassification** (Complete Second Page)Attach previous approval form **and** documentation to demonstrate qualifications for requested change.☐ **Faculty Resignation**

(Complete only the top section; submit only one form)

Effective Date \_\_\_\_\_

**Clinical Assignment Area(s) Requested:**

(Check the area(s) next to the classification being requested)

Classification	M-S	O	C	P/MH	G
Instructor					
Assistant Instructor					
Clinical Teaching Assistant					

M-S = Medical-Surgical O = Obstetrics C = Children (Pediatrics)

P/MH = Psych/Mental Health G = Geriatrics

The above information is verified by:

Name of Program Director

Signature:

Date:

**For Board Use Only:** ☐ BRN Copy ☐ Program Copy

NEC / Approval Date	Approved Clinical Area(s)					Approved Classifications		
	M-S	O	C	P-MH	G	I	AI	CTA

Date: \_\_\_\_\_ NEC \_\_\_\_\_

Does not qualify for \_\_\_\_\_ for the reason(s) listed below. Resubmit with **COMPETENCY EVIDENCE**.☐ Lacks required education.☐ Lacks previous teaching experience in pre-or post-licensure nursing programs or course in practice teaching.☐ Lacks one year of professional nursing experience.☐ Lacks evidence of clinical competence

Other: \_\_\_\_\_



**SECTION A - INSTRUCTOR**

Section 1425(c) states, " An instructor shall meet the following minimum qualifications: 1425(a)(1) A Master or higher degree from an accredited college or university which includes course work in nursing, education, or administration. If degree other than in nursing submit information verifying course work in nursing education."

COLLEGE/UNIVERSITY/CITY/STATE	DEGREE & YEAR COMPLETED	AREA OF PREPARATION

1425(c)(3) Completion of at least one (1) year's experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes PRACTICE IN TEACHING REGISTERED NURSING. Submit official course description to verify course content.

1. COLLEGE/UNIVERSITY/CITY/STATE (Teaching in Pre-Post RN program)	COURSE CONTENT/AREA	FROM MONTH/YR	TO MONTH/YR
2. COLLEGE/UNIVERSITY/CITY/STATE (Teaching in Pre-Post RN program)	PRACTICE TEACHING COURSE	UNITS	DATE

1425(c)(2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by: (A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or (B) One (1) academic year or of registered nurse level clinical teaching experience in the designated nursing area or its equivalent.

AGENCY NAME AND CITY/STATE (List most recent first)	POSITION	CLINICAL AREA	FROM MONTH/YR	TO MONTH/YR

**SECTION B - ASSISTANT INSTRUCTOR**

1425(d) An assistant instructor shall meet the following minimum qualifications: (1) A Baccalaureate degree from an accredited college which shall include courses in nursing, or in a natural behavioral or social science relevant to nursing practice;

COLLEGE/UNIVERSITY AND CITY/ STATE	DEGREE & YEAR COMPLETED	AREA OF PREPARATION

1425(d)(2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by: (A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or (B) One (1) academic year or of registered nurse level clinical teaching experience in the designated nursing area or its equivalents.

AGENCY NAME AND CITY/STATE (List most recent first)	POSITION	CLINICAL AREA	FROM MONTH/YR	TO MONTH/YR

**SECTION C - CLINICAL TEACHING ASSISTANT**

1425(e) A clinical teaching assistant shall have at least one (1) year continuous, full-time or its equivalent experience in the designated nursing area within the previous five years (5) as a registered nurse providing direct patient care.

AGENCY NAME AND CITY/STATE	POSITION	CLINICAL AREA	FROM MONTH/YR	TO MONTH/YR

**DIRECTOR OR ASSISTANT DIRECTOR APPROVAL**

EDP-P-03 (Rev. 01/09)

Ruth AnnTerry, MPH, RN  
Executive Officer  
(916) 322-3350**INSTRUCTIONS:**

Submit forms electronically or if mailed in DUPLICATE  
Approval should be obtained **prior to employment**.

Please print or type.

Complete the sections as follows.

Parts I, III & IV for either director or assistant director.

Part II for RN director.

**Provide appointee with a photocopy of this form after it has been approved by a BRN consultant.**

**FOR OFFICE USE ONLY**Regulation 1425

Program Copy \_\_\_\_\_

BRN Copy \_\_\_\_\_

Classification: ☐ Director ☐ Asst Director

Approved by:

Date \_\_\_\_\_

**SECTION I**

Appointee's Name:

Program Name:

CA RN License #:

Expiration Date:

Verified By:

Position Title:

Appointment Date:

Person Previously in Position:

Section 1425: "...Each faculty member, director, and assistant director shall hold a clear and active license issued by the board and shall possess the following qualifications" listed in Sections II and III.

**SECTION II**

**Administration:** Section 1425(a)(2) One (1) year's experience as an administrator with validated performance of administrative responsibilities consistent with section 1420(h).

UNIVERSITY, COLLEGE, OR SCHOOL	POSITION TITLE	FROM MO/YR	TO MO/YR

**FOR BOARD USE ONLY**

For checked reason(s),

Does not qualify for \_\_\_\_\_; Please resubmit with **COMPETENCY EVIDENCE**.

- ☐ lacks required administrative experience  
☐ lacks required minimum of two (2) years teaching experience  
☐ other

### SECTION III

**Education:** Section 1425(a) "The director of the program shall meet the following minimum qualifications: (1) A master's or higher degree from an accredited college or university which includes course work in nursing, education or administration."

COLLEGE/UNIVERSITY/CITY/STATE	DEGREE & YEAR COMPLETED	AREA OF PREPARATION

**Teaching:** Section 1425(a)(3) requires "Two (2) years' experience teaching in pre- or post-licensure registered nursing programs."

1. COLLEGE/UNIVERSITY/CITY/STATE (Teaching in Pre-Post RN program)	POSITION TITLE	FROM MONTH/YR	TO MONTH/YR

**RN Experience:** Section 1425(a)(4) requires "One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse."

AGENCY AND CLINICAL AREA	POSITION TITLE	FROM MO/YR	TO MO/YR

The following school official has verified the information on this form.

Name:	Title:		
Signature:			Date:

**BOARD OF REGISTERED NURSING**  
**Education/Licensing**  
**Agenda Item Summary**

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**AGENDA ITEM:** 10.4  
**DATE:** February 20, 2009

**ACTION REQUESTED:** Accept/Not Accept Feasibility Study for Simpson University Baccalaureate Nursing Program.

**REQUESTED BY:** Elizabeth O. Dietz, EdD, RN, CS-NP, Chairperson  
Education/Licensing Committee

**BACKGROUND:** Jan Dinkel, RN, MSN, Program Consultant

Simpson University is a faith-based university located in Redding, California. Simpson University is regionally accredited by the Western Association of Schools and Colleges (WASC). Simpson offers 26 undergraduate majors, four graduate programs, and the ASPIRE adult degree completion program.

Originally located in San Francisco, Simpson University relocated to Redding in 1989 and began the process of building new buildings, becoming one of the most attractive campuses in the area. Simpson students are nurtured to develop holistically, think critically, lead effectively, and serve globally.

This feasibility study includes a good description of the emergent health and educational needs of the area. In close proximity to this new proposed program is a local community College, Shasta College, offering an RN and LVN programs and one proprietary college, Lake College, offering an LVN program. The closest BSN program to the proposed program is California State University, Chico, approximately 75 miles away.

The feasibility study also includes a description of the expansion of health care facilities in the area, and it is realistic to think that the clinical areas will have room for the students of this new program. Clinical agencies evaluated for clinical experiences include acute care hospitals, long term facilities, ambulatory care centers, hospice, and psychiatric treatment centers.

Since it is a small community Simpson University have been collaborating with clinical sites for clinical placement and have obtained letters of support and clinical verification forms; however creative scheduling would be needed. Employers are supportive of this new program due to a great concern over the nursing shortage, particularly the need for baccalaureate prepared nurses in that particular geographic area.

Simpson University is proposing a four year baccalaureate program. The curriculum includes a strong Christian studies core as well as background in science and humanities. As planned the curriculum will have 59 nursing units (31 theory & 20 clinical). The total units for graduation will be 129 units. There is a brief description of each course included.

A target enrollment of 20 students as the initial class is planned for fall 2010. Twenty students will be admitted to the program twice a year with a total of eighty (80) students by spring 2014. Once the program begins, it is anticipated that more students will enroll as pre-nursing students.

Simpson University is a private university with a number of endowments for specific programs. The nursing program has been a part of their strategic planning; therefore, Simpson University is committed to this new proposed program. Currently, a new Nursing/Science Building is being built with endowment funds. Its completion is anticipated for 2010.

A four year operational budget is attached. Additionally, Simpson offers a generous fringe benefit package to all employees which will serve as an incentive to attract faculty. Simpson has also developed strong partnerships with local hospitals to ensure the success of this new proposed program.

The feasibility study includes letters of support from a variety of governmental, business and educational institutions. Clinical verification forms are also included. A letter was previously sent to Jan Dinkel, consultant, indicating the areas of concern regarding this feasibility study; a response from the University correcting these areas was received.

**NEXT STEP:** Notify programs of Board action.

**FISCAL IMPLICATION(S),  
IF ANY:** None

**PERSON TO CONTACT:** Maria E Bedroni, SNEC  
brnmaria@sbcglobal.net

**BOARD OF REGISTERED NURSING**  
**Education/Licensing**  
**Agenda Item Summary**

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**AGENDA ITEM:** 10.5

**DATE:** January 15, 2009

**ACTION REQUESTED:** Accept/Not Accept Feasibility Study for Western  
Governors University Baccalaureate Nursing Program

**REQUESTED BY:** Elizabeth O. Dietz, EdD, RN, CS-NP, Chairperson  
Education/Licensing Committee

**BACKGROUND:** J. Papenhausen, PhD. Consultant

WGU is the first online university, completely competence-based, and the first one to be funded through a multi-state gubernatorial partnership. It incorporated 11 years ago as a private, non profit university. Headquarter is located in Sal Lake City, Utah.

WGU is accredited by WASC, and several other accrediting agencies. WGU is comprised of four online colleges: the Teachers College, the College of Business, the College of Information Technology, and the College of Health Professions. The proposed program will be under the College of Health Professions. This college already has existing competence-based nursing programs, including a RN to BSN program, a MSN in Leadership/Management, and the MSN in Education programs. These programs were recently visited by CCNE; accreditation report is pending.

As submitted the feasibility study proposes a generic nursing baccalaureate program serving Los Angeles, Riverside and Orange counties. The program is a collaborative effort among WGU, its hospital corporation's partners, a private funding foundation, and state workforce agencies. The partners include WGU, the Robert Wood Johnson Foundation, California Labor and Work Force Development Agency, and major hospitals, including Hospital Corporation of America, Tenant Healthcare, Kaiser Permanente, and Cedars-Sinai Medical Center.

The program proposed is a generic baccalaureate program offered through WGU, which utilizes competency-based education, distance learning and advanced technology, both computer and clinical technology. The curriculum consists of a set of competencies, objectives, assessments and a course of study for each curricular area. These competencies were derived from a comprehensive set of national, professional, state and institutional standards entered into a standards database, along with input from professional nursing leaders who indicated what knowledge, skills, and dispositions a competent , caring nurse should posses. These competencies will be regularly reviewed, can be added, deleted and modified as warranted. Competencies are then mapped to the standards and program crosscutting themes to ensure congruency.

The program will utilize a model for clinical education adapted from models that have been successful in two sites in Texas both using the clinical coaching model and clinical instructors. In the WGU model students have a WGU academic **mentor** (faculty), a faculty subject matter expert who facilitates an online learning community, a qualified **clinical faculty** member and an individual **clinical coach**. The clinical faculty and the clinical coach will be employees of the nursing staff provided by the hospital partner.

The students will be assigned to a **clinical coach** in the unit which the coach provides clinical care. The student and the clinical coach will work together to provide clinical care to the four patients assigned to the clinical coach. The coach will be required to meet the qualification of a clinical teaching assistant. The WGU academic mentor is responsible for overseeing the clinical cohorts and their clinical faculty.

The academic mentors (faculty) under the direction of the National Director of Nursing and the Project Director, identifies measurable objectives that address each competency and recommends the type of assessment to measure student's mastery of the required competencies and objectives. Then they work with the assessment department, academic mentor faculty and external subject Matter Experts SMEs to develop performance and objectives assessments. Courses of study that align with these competencies will be used by students to manage learning and develop competency.

The BSN curriculum includes domains, sub-domains, and competencies. There are two major domains Nursing Science and Nursing Theory and Practice. The Nursing Theory and Practice Domain consists of didactic and clinical competencies in the major areas of nursing medical – surgical, obstetrics, pediatrics, psychiatric/mental health, and geriatrics. The Nursing Science domain includes five sub-domains: Pharmacology, Organizational Systems and Quality Leadership, Informatics, Evidence Based Practice and Applied nursing research, and Professional Roles and Values.

The proposed program will include 120 academic credits, 25 of which are natural, behavioral and social sciences, 9 academic credit of communication skills and 35 CU of pre licensure theory course and 18 CUs of prelicensure clinical courses and 20 CUs of upper Division courses

WGU headquarters facility is in Salt Lake City, Utah. They will have an additional office in California that will be staffed by the California Director. A letter was sent to WGU identifying concerns regarding this feasibility, WGU responded clarifying all areas of concern.

**NEXT STEP:**

Notify the program of Board action.

**FISCAL IMPLICATION(S)  
IF ANY:**

**PERSON TO CONTACT:**

Maria E Bedroni, SNEC  
brnmaria@sbcglobal.net



## WESTERN GOVERNORS UNIVERSITY

ONLINE. ACCELERATED. AFFORDABLE. ACCREDITED.

Ruth Ann Terry MPH, RN  
Executive Officer  
California Board of Registered Nursing  
1625 North Market Boulevard, Suite N217  
Sacramento, CA 95834-1924

December 30, 2008

Dear Ms. Terry,

We are pleased to provide the additional clarifications you have requested for the Western Governors University's baccalaureate nursing program. As discussed and at your request, the information below provides further clarification to sections A, F, G, J and L of the feasibility study.

### Section A

In the Feasibility study on page 8-9 the number of nursing programs was listed for each county in which each WGU partner hospitals are found and where a WGU student cohort will be placed. Not all of these nursing schools listed use one of the partner hospitals (Cedars Sinai Medical Center, Riverside Community Hospital, and Fountain Valley Medical Center). The present nursing programs which use the partner hospitals can be found on Table 9, page 2 and this table includes data related to their latest (06-07) NCLEX student attempts and pass rates. The following table (9a) adds composite information by region related to student enrollment, qualified applicants accepted and not accepted, completion rates and attrition rates. These data were retrieved from the California Board of Registered Nursing 2006-2007 Annual School Report from the following regions: Southern California II (Orange, Riverside, and San Bernardino Counties) and Southern California I (Los angles and Ventura Counties). The composite data related to all of California is also presented in Table 9a and were retrieved from the California Board of Registered Nursing 2006-2007 Annual School Report for all of California. In 2006-2007 there were 130 pre licensure nursing schools, with 74 ADN, 32



BSN, 8 LVN and 16 ELM programs. The majority (80.8%) of these programs were public (N=83) and the rest private (N = 14).

Overall in California there were more qualified applicants (15,797) than could be accepted in to nursing programs (12,709) for a rate of qualified but not accepted nursing student applicants of 55.4%. This rate was some what lower for Southern California Region I (45.1%) and Southern California Region II (42.8%) but this still demonstrates a much greater demand for admission into nursing schools by qualified applicants than is currently being met even though nursing schools have increased their capacity from 2005/2006 to 2006/2007 by 14.2%. This strongly supports the need for additional nursing schools in California.

**Table 9a. Regional Data on Student Enrollment, Completion Rates, Attrition Rates, and Qualified Applicants Accepted and Not Accepted.**

<b>Regions</b>	<b>All California Nursing Schools</b>  <b>N = 130</b>	<b>Southern California Region I Los Angeles and Ventura Countries</b>	<b>Southern California Region II Orange, Riverside and San Bernardino Countries</b>
<b>New Student Enrollment</b>	<b>12,709</b>	<b>4,497</b>	<b>1,762</b>
<b>Total Student Enrollment</b>	<b>22,524</b>	<b>7,399</b>	<b>3,012</b>
<b>Qualified Applications</b>	<b>28,508</b>	<b>8,193</b>	<b>3,080</b>
<b>Qualified Applicants Accepted</b>	<b>12,709</b>	<b>4,497</b>	<b>1,762</b>
<b>Qualified Applicants Not Accepted</b>	<b>15,797</b>	<b>3,696</b>	<b>1,318</b>
<b>% of qualified applicants not accepted</b>	<b>55.4%</b>	<b>45.1%</b>	<b>42.8%</b>
<b>Completion Rates</b>			
<b>Retention (completed program on time)</b>	<b>72.7 %</b>	<b>66.2%</b>	<b>72.2%</b>
<b>% still Enrolled</b>	<b>11.3%</b>	<b>15.8%</b>	<b>11.3%</b>
<b>Attrition (not in program)</b>	<b>16.0%</b>	<b>18.0%</b>	<b>16.5%</b>

Source: <http://www.rn.ca.gov/schools/reports.shtml>, 2006-2007 Data

## **Section F**

Clarification was requested about how students move through the program, what the timeframe is for completion of the BSN, how competencies are monitored and credits awarded.

The WGU model uses a competency-based model of education, which is a somewhat different approach to educating the nursing student that is found in the traditional nursing education model. These differences can be illustrated first in the type of nursing student usually enrolled in WGU programs. WGU students are typically older students (average age 36) and are working adults who bring significant knowledge and experience with them. For this reason, the general education and science requirements could take up to two years for some students but at a much faster pace for others. The time needed to complete this content may vary significantly. For example, a student who has extensive science knowledge or experience in communication or other areas required in these two years, may be able to take a heavier load of work and complete it more quickly but all students must pass the required competency assessments (examinations) and demonstrate mastery of pre-requisite content.

The BSN nursing curriculum has 120 competency units for completion. Using the standard path provided in the feasibility study, a full-time student would be able to complete this program in four years. At WGU, all students are full-time and as such, they can take as many courses (or sub-domains) as they can successfully manage in any given term. Since WGU is competency-based, they move at their own pace to obtain the required competencies and in order to complete a sub-domain (course of study), they must successfully complete any competency assessments (examinations) associated with that sub-domain at a “B” level, in order to pass the sub-domain.

After completion of the required general education and science requirements students begin to take the nursing courses where clinical learning is part of developing competency. The first course a student will take is Caring Arts and Science Across the Lifespan I. (CASAL I). This course integrates concepts of human growth and development across the entire lifespan (including geriatrics) in concert with fundamental nursing theory and practice (Exhibit A is provided as an attachment).

The educational methodology employed by WGU to blend didactic content mastery, skills acquisition and appropriate clinical decision-making and intervention illustrate the second difference between this competency model and the traditional model of nursing

education. In the traditional model, students are assigned a certain didactic course of study relative to a field of nursing practice such as beginning medical/surgical nursing and are assigned to one instructor to a clinical area of practice for a semester, usually 16 weeks in length. The didactic content is delivered by lecture and other assignments by a faculty over the semester of study and body systems approach is usually used. The student is assigned to a clinical unit where they are most likely to encounter patients with system dysfunctions that match the course of study. The ratio of the instructor to student is usually 10:1 and the instructor assigns the students to representative patients that align with the course of study as closely as possible. There may be occasions where students are caring for patients with conditions they have not yet studied even though they have “prepared” for the clinical day by reviewing the patients diagnosis previous to the day of care.

In contrast, the WGU model (Exhibit A, an illustration of the program scheduling for the first year of this program) is divided into two six month terms a year and the didactic content is front loaded at the beginning of the term. At WGU as the student begins this course, they are directed to a Course of Study, which contains a set of paced learning resources the student must engage in order to achieve the competencies identified for this sub-domain (course of study). As the student engages in self-study using these resources, they are also required to participate in the online learning community facilitated by their WGU Academic Mentor. This mentor is a doctorally prepared nurse expert who facilitates the learning community by engaging students in chats, blogs and group projects to assist them in co-constructing learning and competency. This is the basis of didactic learning in this program. The student participates in the online learning community associated with the sub-domain they are taking until they have completed all the requirements of that sub-domain. The mastery of the didactic content is determined by assessments (examinations) that have been developed by content experts at WGU and validated as psychometrically sound by assessment specialist at WGU. As they progress through the sub-domain, they must successfully complete the required assessments to maintain satisfactory academic progress (SAP).

Acquisition of clinical skills is gained through supervised practice in a clinical skills laboratory using low, medium and high fidelity mannequins. Acquisition of skills is assessed through student skill demonstration and virtual (computer generated) and live clinical scenarios. Key clinical skills appropriate to clinical management of patients that

match the didactic course of study are mastered before the clinical assignment to live patients is begun (Exhibit A). By the third week of the program, students are introduced to their first patient care skills in skills lab. They must successfully ‘test’ on all required skills in this lab in order to move on. If they are not successful in this first skills testing, they will need to reschedule for an additional session in order to qualify to move on. By the 6<sup>th</sup> week of the program, students attend and complete a second skills testing session. They must have successfully completed the first session to qualify for the second. They must successfully complete (through testing of skills) the second session in order to qualify to enter clinical rotations with live patients. In the 7<sup>th</sup> week of this sub-domain, the student may begin their clinical rotations.

The clinical model used to monitor and evaluate the student in the clinical area is the third major difference between the WGU model and that of traditional models. In the traditional model, ten students are assigned to one clinical instructor who supervises their clinical interventions in one or two clinical units depending on census and availability. In the WGU model, there is also a clinical instructor who meets the BRN requirements in terms of educational preparation and clinical experience. This is the instructor of record and she is responsible for the ongoing and final evaluation of the ten students assigned to the WGU partner hospital. This instructor is a hospital employee who meets the BRN qualifications as an instructor or who will complete a educational program with a student teaching requirement to meet the requirements. In addition, there are 10 clinical teaching assistants (CTA’s) or coaches to whom each student is assigned. The student and their CTA (coach) jointly deliver care to the four patients who are assigned to the CTA as part of their regular staff assignment. The CTA is also a hospital employee who has received an additional educational program on clinical evaluation. The required clinical hours will be scheduled so that the students will present during the hours and days that are the CTA’s staff assignment time to preserve the stable one on one relationship between the student and the CTA. The student works one-to-one with their CTA, following the CTA’s exact schedule until they have successfully achieved the clinical competencies requires. The CTA completes a clinical evaluation of student performance using a standard rubric and tool at the end of each clinical shift. This information together with direct observation by the Clinical Instructor forms the basis of the competency evaluation of the student. The clinical instructor will oversee the clinical activities of the CTA and the student be present during these clinical hours. The advantage of this model is that the

student benefits from a one on one relationship with a clinical coach who can direct every aspect of care and from the clinical instructor who oversees and evaluates student performance. Figure 1 depicts the relationship among the didactic instructor, the clinical instructor, the clinical coach and the students.

Post clinical conferences take place in the learning community where the Clinical Instructor provides the content and context for these learning experiences. One unique aspect of the online learning community is that it is not like an online course. Students can participate both synchronously and asynchronously meaning in real time and at alternate times. It allows greater student flexibility while still maintaining the same standards of student participation and achievement. For example, instead of students having to be in front of their computers at a set time of day each day, they can access the online learning community at anytime it fits with their personal calendar (asynchronously) whether it be 3am or 9am. The content covered is the same for all students but the way in which students participate allows for maximum flexibility. The competencies required and measured as outcomes are still of the same high standard and all students must successfully demonstrate the same knowledge level in order to acquire the competency units required for graduation.

Exhibit A describes displays visually in this figure illustrates how a typically student could complete the sub-domains over the course of two terms. However, since this program is competency-based, students may move more quickly or more slowly through the elements however they must demonstrate competency at each phase of the subdomain to continue on course. If for example, they do not successfully complete skills labs I & II, they cannot enter clinical in the 7<sup>th</sup> week so their clinical rotation will be delayed. If they do not successfully complete the required didactic assessments within CASAL I, they may be delayed in accessing skills lab experiences and will have to wait until another lab is available. On the other hand, students may demonstrate competency quickly and push to begin CASAL II didactic in September rather than October. All of these scenarios are possible in this program as the student is individually guided by their Academic Faculty mentor whose job it is to make sure the student can access the next set of learning resources, sub-domains and labs when they are ready to do so.

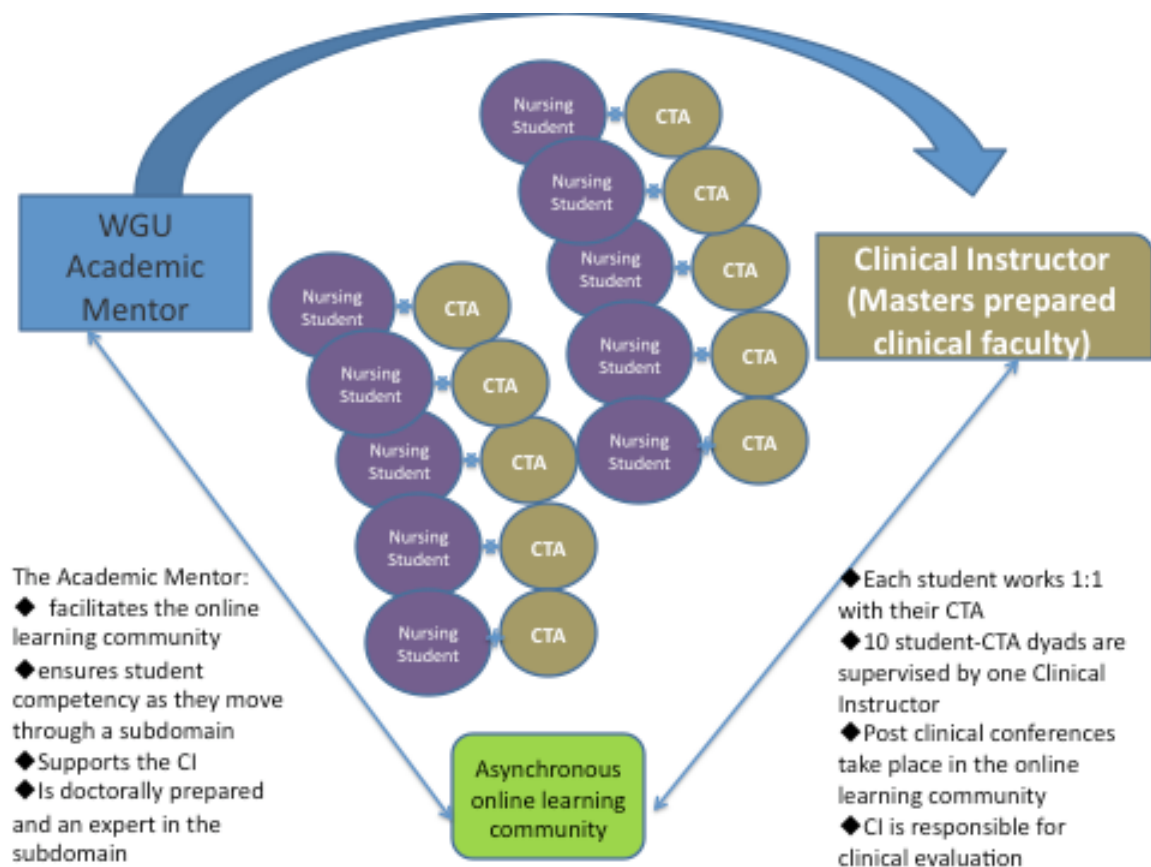


Figure. Clinical Model describing relationships between the WGU Academic Mentor, the Clinical Instructor and the Student-CTA dyads.

## **Section G**

To clarify the expansion plan over the next five years discussed (pg 55) in the feasibility study, WGU has over 90 hospital partners in California who are interested in participating in this new program. In 2010, WGU expects to be able to respond to five more hospital partners who would like to participate by hosting a cohort of students. We make the decisions about where to seek expansion approval based on the availability of staff resources to serve as CTAs and CIs, their projected workforce shortages (and vacancies that are unfilled with existing California graduates), and their availability of non-traditional clinical hours for clinical rotations. As to the question about student recruitment the new table 9a indicates that according to recent data reported in California, 55 % or almost 16,000 qualified candidates were turned away from existing programs. In the Southern California regions an average of 43% or slightly more than 5,000 of qualified candidates were turned away from existing programs in just those areas. In addition, our partners have indicated they will be able to recruit many students from

within their current workforce. These students would mirror the kinds of students we typically service; working adults who are pursuing career transition and have a demonstrated affiliation and commitment to healthcare. Additionally, recent reports about across the board cuts for educational funding in California suggest there may be even more of a bottleneck preventing qualified students from being admitted to a nursing program.

Lastly, WGU has recently engaged an additional hospital partner in California, Catholic Healthcare West. This large hospital system has added an additional 35 potential hospital sites in California. Given these factors, and referencing the Table on page 56 of the feasibility study, we believe this is a thoughtful, conservative, and easily achievable growth plan.

#### **Section J** Questions about availability of clinical placements

To clarify the availability of clinical placements, each demonstration site has attested to their ability to support these students with adequate clinical placements and resources (CTAs and CIs). As indicated in the feasibility study Tables A-C (pages 23-26), there are many timeframes that are completely open, specifically summers (Specifically most of June, all of July and August. August is when the first cohort will complete their first clinicals.) for all three sites plus PM shifts and some weekend shifts are not currently used for student clinicals. While this information gives a snapshot of how students are currently deployed in traditional clinical rotations, the WGU model is significantly different in how students are deployed so a WGU ‘cohort’ cannot be viewed in the same way these the cohorts displayed in these tables.

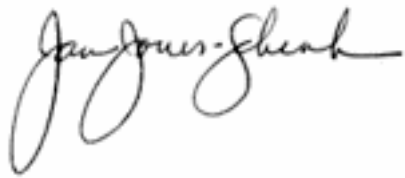
In the WGU model, clinical deployment is very different than the traditional model. In this model the individual nursing students are assigned to a CTA not to a unit. In fact these 10 students will be scattered throughout the hospital units. In a traditional model, a staff nurse with 4 patients could be interacting with up to 4 different students, at different points of their education, on a given shift from multiple institutions. In this model, the staff nurse CTA with 4 patients would have a single student and would be able to focus on that specific student; transferring knowledge to and evaluating skills and performance of that student. The impact on other students or schools would not affect particular units but would be limited to only the designated CTAs and their patients.

**Section L** – The anticipated student population

To clarify the anticipated student population, WGU is designed to provide flexible access to higher education for working adults who are pursuing career transitions. WGU does not usually make program information available to High School students or counselors, as this is not our target demographic. Our hospital partners will be a primary source of student recruitment for this degree. They have indicated that filling these first cohorts (and additional groups as indicated by the growth plan) will be competitive and are currently making plans for identifying how they might make the information about admission more generally available. For example, Tenet will be placing a link with information about the program on their intranet. Additionally, WGU has an extensive online recruitment program which has been successful in attracting potential nursing students already.

I hope this information will provide additional clarity to assist the ELC and the Board in their review and approval of WGU's feasibility study. Dr. Papenhausen and I collaborated on the development of this information to respond to your request so please contact Judy Papenhausen or me should you have further information needs.

Sincerely,

A handwritten signature in black ink, appearing to read "Jan Jones-Schenk". The signature is fluid and cursive, with the first name "Jan" being particularly prominent.

Jan Jones-Schenk RN, MNA, NE-BC  
Project Director MAP RN  
Western Governors University



## EXHIBIT A

## FIRST TERM FOR WGU BSN STUDENTS

Jul-09				Aug-09				Sep-09				Oct-09				Nov-09				Dec-09			
CASAL I												CASAL II											
1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
			16 hrs Skills Lab		16 hrs Sim Lab	10 students 88* hours ea. hospital clinical with assigned CTA							16 hrs Sim Lab		16 hrs SIM Lab					10 students 88* ea. hours hospital clinical with assigned CTA			
DIDACTIC FOR CASAL I												DIDACTIC FOR CASAL II											

Notes about first term clinicals

GREEN = Skills/Sim Lab

YELLOW = Clinical Rotations

88 hours hospital clinical = 7-12 hr shifts plus 1-4 hr shift or 11-8 hr shifts

FT CTAs will work 3-12hr shifts per week or 5-8hr shifts per week so clinicals will be completed in 2 full weeks plus 1 or 1/2 shift in the 3rd wk

August clinicals for CASAL I will not conflict with ANY pre-scheduled clinicals for existing nursing programs

Dec clinicals will have negligible overlap with pre-scheduled clinicals for existing programs due to finals week which are exempt from clinicals

ALL first year Clinicals will be physically supervised by a dedicated CI onsite

## SECOND TERM FOR WGU BSN STUDENTS

Jan-10				Feb-10				Mar-10				Apr-10				May-10				Jun-10			
Chronic Care												Critical Care											
1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
			16 hrs SIM Lab		16 hrs SIM Lab	5 Students 88* hours ea. hospital clinical with assigned CTA		5 Students 88* hours ea. hospital clinical with assigned CTA				16 hrs SIM Lab		16 hrs SIM Lab						10 students 88* ea. hours hospital clinical with assigned CTA			
DIDACTIC FOR CHRONIC CARE													DIDACTIC FOR CRITICAL CARE										

88 hours hospital clinical = 7-12 hr shifts plus 1-4 hr shift or 11-8 hr shifts

FT CTAs will work 3-12hr shifts per week or 5-8hr shifts per week so clinicals will be completed in 2 full weeks plus 1 or 1/2 shift in the 3rd wk

Chronic care clinicals will occur in two sessions with 1/2 cohort in first 3 weeks and 1/2 cohort in 2nd 3 weeks to minimize overlap with existing students

Critical care clinicals will occur in June during which there is NO overlap with existing program clinicals

**BOARD OF REGISTERED NURSING**  
**Education/Licensing**  
**Agenda Item Summary**

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**AGENDA ITEM:** 10.6  
**DATE:** February 20, 2009

**ACTION REQUESTED:** Approve/Not Approve Goals and Objectives for 2009-2011

**REQUESTED BY:** Elizabeth O. Dietz, EdD, RN, CS-NP, Chairperson  
Education/Licensing Committee

**BACKGROUND:**

Biennially committee goals and objectives are reviewed and revised as needed. The proposed Goals and objectives for calendar year 2009-2011 are attached.

The goals and objectives from 2007-09 have been updated and revised. The major changes are italicized and underlined in the attached document. Objectives have been reordered Goals 3, 5 and 6. The changes are summarized below.

Changes made to Goals:

- 1.1 Revised and combined public health nurse certificate requirement.
- 1.3.1 Added a goal to ensure that professional roles are introduced early and are practiced throughout the curriculum.
- 2.1 Expanded to reflect supportive roles the Board plays in development of partnerships.
- 3.2 Included collection of data on use of simulation in nursing education.
- 4.7, 4.8 Added to maintain communication with advanced practice programs and to address concerns pertinent to advanced practice.

**NEXT STEP:** Notify programs of Board action.

**FISCAL IMPLICATION(S),  
IF ANY:** None

**PERSON TO CONTACT:** Miyo Minato, NEC  
323-890-9950

**BOARD OF REGISTERED NURSING  
EDUCATION/LICENSING COMMITTEE  
2009 - 2011 GOALS AND OBJECTIVES**

**GOAL 1**

**Monitor nursing programs to ensure that key trends and forces in the external environment that affect nursing are identified and incorporated into nursing regulations and education programs. (Political, technical, economic and healthcare trends)**

- 1.1 Review prelicensure and advanced practice program content, including public health nurse content, to determine if they meet regulatory requirements and reflect current trends in healthcare and nursing practice.*
- 1.2 Monitor education programs' use of BRN advisory and policy statements.
- 1.3 Validate that nursing educational programs include in their curriculum the Scope of Practice of Registered Nurses in California and the Standards for Competent Performance (CCR 1443.5).
  - 1.3.1 Ensure that concepts and roles of professional nursing practice are introduced at the beginning and practiced throughout the curriculum.*
- 1.4 Participate in educational conferences and various committees within California and nationally when appropriate.
- 1.5 Monitor legislation affecting nursing education and convene advisory committees when appropriate.

**GOAL 2**

**Provide leadership in the development of new approaches to nursing education.**

- 2.1 Support strategic partnerships and creative approaches to prepare registered nurses between nursing education and the healthcare industry to meet needs of nursing education and community.*
  - 2.2 Review NPA regulations for congruency with current nursing education *and reflect current trends in nursing education and practice.*
  - 2.3 Sponsor and/or co-sponsor educational opportunities for professional development of nursing educators and Directors in service and academia.
  - 2.4 Evaluate *the effectiveness of the use of* technology teaching activities such as on-line research, distance learning, Web-based instruction and high-fidelity simulation laboratory experiences, and encourage its use in nursing programs.
  - 2.5 Revise guidelines for the utilization of simulated clinical experiences in nursing education.
  - 2.6 Encourage and support development of articulation agreements among nursing programs.
  - 2.7 Encourage and support graduate nursing education programs to prepare nurse-educators.
- .

### **GOAL 3**

**Reports and data sources related to nursing education in California are made available to nurse educators, the public, and others.**

- 3.1 Collaborate with the University of California San Francisco in conducting the consolidated online annual school survey of the prelicensure nursing education programs in California. Publish survey results on the BRN Website
- 3.2 Maintain and analyze systematic data sources related to prelicensure, *including the use of simulation in nursing education*, and advanced nursing, reporting findings annually.
- 3.3 Provide information about nursing programs to the public.
- 3.4 Maintain information related to each prelicensure program and update periodically.
- 3.5 Provide data to assist nursing programs in making grant or funding applications.
- 3.6 Utilize the Board's analysis of entry level RN practice to evaluate the effectiveness of prelicensure nursing education programs in preparing graduates for practice.

### **GOAL 4**

**Facilitate and maintain an environment of collegial relationships with deans and directors of prelicensure and advanced practice programs.**

- 4.1 Provide deans and directors with information on the educational approval processes and requirements.
- 4.2 Apply uniform approval criteria and evidence standards when reviewing prelicensure and advanced practice nursing programs.
- 4.3 Conduct an annual orientation for both new and current directors.
- 4.4 Update Director Handbook annually and distribute on CD-R or hard copy to each prelicensure nursing program as needed.
- 4.5 Maintain open communication, consultation, and support services to nursing programs in California.
- 4.6 Present BRN updates at the quarterly ADN Directors' Meetings and the annual CACN/ADN Meeting, and as appropriate.
- 4.7 *Maintain open communications with advanced practice educational program directors and seek input related to current advanced practice issues such as advanced pharmacology course regulations.*
- 4.8 *Conduct biennial meetings with advanced practice program directors to provide updates and foster discussions pertinent to advanced practice in California.*

### **GOAL 5**

**Provide ongoing monitoring of the Continuing Education (CE) Program, and verify compliance with BRN requirements by licensees and providers.**

- 5.1 Approve all new or renewal applications for CE providers.

- 5.2 Conduct systematic random audits of registered nurses to monitor compliance with renewal requirements and appropriateness of CE courses completed.
- 5.3 Conduct systematic random reviews of CE providers to monitor compliance with CE regulations.

## **GOAL 6**

**Continue the assessment and review of the NCLEX-RN examination process, and maintain collaborative relationship with the National Council of State Boards of Nursing.**

- 6.1 Conduct periodic review of NCLEX-RN examination process to ensure established security and other testing standards are met.
- 6.2 Encourage nurse educators and working RNs to participate in NCLEX-RN examination panels to ensure consistent representation from California.
- 6.3 Participate in various NCSBN committees to maintain representation from California.
- 6.4 Continue to monitor NCLEX-RN administration by the testing vendor.
- 6.5 Continually monitor and report NCLEX-RN first-time pass rates of California candidates.

**BOARD OF REGISTERED NURSING**  
**Education/Licensing**  
**Agenda Item Summary**

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**AGENDA ITEM:** 10.7  
**DATE:** February 20, 2009

**ACTION REQUESTED:** Information Only - BRN 2007-08 Annual School Report

**REQUESTED BY:** Elizabeth O. Dietz, EdD, RN, CS-NP, Chairperson  
Education/Licensing Committee

**BACKGROUND:**

The BRN 2007-2008 Annual School Survey was conducted from October 1, 2008 to November 17, 2008. The survey was conducted on behalf of the Board by the Research Center at the University of California, San Francisco.

**NEXT STEP:** Post the final report on the BRN's Website.

**FINANCIAL IMPLICATIONS,  
IF ANY:** None

<b>PERSON TO CONTACT:</b>	Carol Mackay, MN, RN Nursing Education Consultant (760) 583-7844	Julie Campbell-Warnock Research Program Specialist (916) 574-7681
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# California Board of Registered Nursing

## 2007-2008 Annual School Report

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Data Summary and Historical Trend Analysis

A Presentation of Pre-Licensure Nursing Education Programs in California

February 5, 2009

Prepared by:  
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Joanne Spetz, PhD  
Center for the Health Professions  
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## **PREFACE**

### **Nursing Education Survey Background**

Development of the 2007-2008 Board of Registered Nursing (BRN) School Survey was the work of the Board's Education Advisory Committee (EAC), which consists of directors of nursing education programs, the California Community College Chancellor's Office, the California State University Chancellor's Office and the California Institute of Nursing and Health Care. A list of the EAC members is included in the Appendices. The University of California, San Francisco was commissioned by the BRN to develop the online survey instrument, administer the survey, and report data collected from the survey.

Funding for this project was provided by the California Board of Registered Nursing.

### **Organization of Report**

The survey collects data about nursing programs and their students and faculty from August 1 through July 31. Annual data presented in this report represent August 1, 2007 through July 31, 2008. Demographic information and census data were requested for October 15, 2008.

Data from pre- and post-licensure nursing education programs are presented in separate reports and will be available on the BRN website. Data are presented in aggregate form and describe overall trends in the areas and over the times specified and, therefore, may not be applicable to individual nursing education programs.

Statistics for enrollments and completions represent two separate student populations. Therefore, it is not possible to directly compare enrollment and completion data.

### **Availability of Data**

The BRN Annual School Survey was designed to meet the data needs of the BRN as well as other interested organizations and agencies. A database with aggregate data derived from the 2000-2001 through 2007-2008 BRN School Surveys will be available for public access on the BRN website. Parties interested in accessing data not available on the website should contact the BRN.

The BRN acknowledges that survey respondents may not have had ready access to some of the data that were being requested. To address this issue, a member of the EAC developed a computer program for tracking most of the required data. The computer tracking program was distributed to nursing programs in the fall of 2006. Nursing programs that do not have this program may contact the BRN.



## Value of the Survey

This survey has been developed to support nursing, nursing education and workforce planning in California. The Board of Registered Nursing believes that the results of this survey will provide data-driven evidence to influence policy at the local, state, federal and institutional levels.

The BRN extends appreciation to the Education Advisory Committee and all survey respondents. Your participation has been vital to the success of this project.

## Survey Participation

All California nursing education programs were invited to participate in the survey. Of the 131 pre-licensure programs that admitted students in 2007-2008, all responded to the survey. A list of nursing programs that responded to the survey is provided in the Appendix.

Program Type	# Programs Responded	Total # Programs	Response Rate
ADN	74	74	100.0%
LVN to ADN	10	10	100.0%
BSN	32	32	100.0%
ELM	15	15	100.0%
Sum of Pre-Licensure Programs*	131	131	100.0%

\*Since some nursing schools admit students in more than one program, the number of nursing programs is greater than the number of nursing schools in the state.

## DATA SUMMARY AND HISTORICAL TREND ANALYSIS

This analysis presents pre-licensure program data from the 2007-2008 BRN School Survey in comparison with data from previous years of the survey. Data items addressed include the number of nursing programs, enrollments, completions, retention rates, student and faculty census data, and the use of clinical simulation by nursing programs.

### Trends in Pre-Licensure Nursing Programs

#### *Number of Nursing Programs*

In 2007-2008, California had a total of 131 pre-licensure nursing programs. This represents a net increase of one (0.8%) nursing program since 2006-2007. During the last year, three new programs (two ADN programs and one ELM program) accepted students for the first time. During the same time period, two ELM programs closed. The majority (79.4%) of all pre-licensure nursing programs are public.

#### **Number of Nursing Programs**

	<i>Academic Year</i>							
	<i>2000-2001</i>	<i>2001-2002</i>	<i>2002-2003</i>	<i>2003-2004</i>	<i>2004-2005</i>	<i>2005-2006</i>	<i>2006-2007</i>	<i>2007-2008</i>
<b>Total # Nursing Programs</b>	<b>97</b>	<b>100</b>	<b>101</b>	<b>104</b>	<b>109</b>	<b>117</b>	<b>130</b>	<b>131</b>
ADN Programs	71	72	73	73	76	77	82	84
BSN Programs	22	23	23	23	24	26	32	32
ELM Programs	4	5	5	8	9	14	16	15
Public Programs	83	85	86	87	90	96	105	104
Private Programs	14	15	15	17	19	21	25	27

#### *Admission Spaces and New Student Enrollments*

Admission spaces available for new student enrollments increased by 4.3% (n=494), from 11,475 spaces in 2006-2007 to 11,969 in 2007-2008. These spaces were filled with a total of 13,214 students, increasing new student enrollment by 4.0% (n=505) from 2006-2007.

#### **Availability and Utilization of Admission Spaces**

	<i>Academic Year</i>							
	<i>2000-2001</i>	<i>2001-2002</i>	<i>2002-2003</i>	<i>2003-2004</i>	<i>2004-2005</i>	<i>2005-2006</i>	<i>2006-2007</i>	<i>2007-2008</i>
Spaces Available	6,610	6,719	7,601	7,797	9,026	10,523	11,475	11,969
New Student Enrollments	6,128	6,422	7,457	7,825	8,926	11,131	12,709	13,214
% Spaces Filled	92.7%	95.6%	98.1%	100.4%	98.9%	105.8%	110.8%	110.4%

Despite the increase in available admission spaces, nursing programs receive more applications requesting entrance into their programs than can be accommodated. There was a 17.9% (n=5,110) increase in the number of qualified applications nursing schools received between 2006-2007 and 2007-2008. In 2007-2008, 60.7% (n=20,402) of qualified applications to California nursing education programs were not accepted for admission.

### Student Admission Applications

	<i>Academic Year</i>							
	<i>2000-2001</i>	<i>2001-2002</i>	<i>2002-2003</i>	<i>2003-2004</i>	<i>2004-2005</i>	<i>2005-2006</i>	<i>2006-2007</i>	<i>2007-2008</i>
<b>Qualified Applications</b>	<b>10,021</b>	<b>10,362</b>	<b>13,926</b>	<b>17,887</b>	<b>20,405</b>	<b>28,410</b>	<b>28,506</b>	<b>33,616</b>
ADN	6,924	7,554	9,531	12,585	14,615	19,724	19,559	25,021
BSN	2,635	2,413	3,301	3,964	4,914	7,391	7,004	7,057
ELM	462	395	1,094	1,338	876	1,295	1,943	1,538
% Qualified Applications Not Accepted	38.8%	38.0%	46.5%	56.3%	56.3%	60.8%	55.4%	60.7%

\*Since these data represent applications rather than individuals, the increase in qualified applications may not represent an equal growth in the number of individuals applying to nursing school.

Although new student enrollments in pre-licensure nursing education programs continue to increase, enrollments are growing at slower rates than they have in previous years. The number of students who enrolled in a nursing program in California increased by 4.0% (n=505), from 12,709 in 2006-2007 to 13,214 in 2007-2008. Since 2000-2001, new student enrollments have more than doubled (n=7,086). In the last year, new student enrollment in BSN and ELM programs increased by 17.6% (n=547) and 1.4% (n=10) respectively. Enrollment in ADN programs showed a slight decline (-0.6%, n=52) during the same time period. Despite this decrease in ADN enrollment, the majority of California nursing students continue to be educated in ADN programs.

### New Student Enrollment by Program Type

	<i>Academic Year</i>							
	<i>2000-2001</i>	<i>2001-2002</i>	<i>2002-2003</i>	<i>2003-2004</i>	<i>2004-2005</i>	<i>2005-2006</i>	<i>2006-2007</i>	<i>2007-2008</i>
<b>New Student Enrollment</b>	<b>6,128</b>	<b>6,422</b>	<b>7,457</b>	<b>7,825</b>	<b>8,926</b>	<b>11,131</b>	<b>12,709</b>	<b>13,214</b>
ADN	4,236	4,558	5,316	5,547	6,160	7,778	8,899	8,847
BSN	1,732	1,677	1,903	1,960	2,371	2,709	3,110	3,657
ELM	160	187	238	318	395	644	700	710
Private	951	884	980	1,150	1,614	2,024	2,384	2,704
Public	5,177	5,538	6,477	6,675	7,312	9,107	10,325	10,510

### Student Completions

Although the rate of enrollment growth has slowed in recent years, RN programs continue to graduate students at increasing rates. From 2006-2007 to 2007-2008, the number of students who completed a nursing program in California increased by 14.5% (n=1,209), the largest annual increase in student completions in eight years. The majority of students that completed a nursing program in 2007-2008 (68.5%) did so through an ADN program.

#### Student Completions

	<i>Academic Year</i>							
	<i>2000-2001</i>	<i>2001-2002</i>	<i>2002-2003</i>	<i>2003-2004</i>	<i>2004-2005</i>	<i>2005-2006</i>	<i>2006-2007</i>	<i>2007-2008</i>
<b>Student Completions</b>	<b>5,178</b>	<b>5,346</b>	<b>5,623</b>	<b>6,158</b>	<b>6,677</b>	<b>7,528</b>	<b>8,317</b>	<b>9,526</b>
ADN	3,799	3,826	4,027	4,488	4,769	5,351	5,885	6,527
BSN	1,277	1,394	1,412	1,479	1,664	1,861	2,074	2,481
ELM	102	126	184	191	244	316	358	518

### Retention and Attrition Rates

Of the 9,706 students scheduled to complete a nursing program in the 2007-2008 academic year, 74.2% (n=7,199) completed the program on-time, 9.7% (n=946) are still enrolled in the program, and 16.1% (n=1,561) dropped out or were disqualified from the program. The retention rate has increased 8.0% in the last eight years, from 66.2% in 2000-2001 to 74.2% in 2007-2008.

#### Student Cohort Completion and Retention Data

	<i>Academic Year</i>							
	<i>2000-2001</i>	<i>2001-2002</i>	<i>2002-2003</i>	<i>2003-2004</i>	<i>2004-2005</i>	<i>2005-2006</i>	<i>2006-2007</i>	<i>2007-2008</i>
<b>Enrollment</b>	<b>8,478</b>	<b>6,806</b>	<b>8,208</b>	<b>8,151</b>	<b>8,507</b>	<b>8,208</b>	<b>8,852</b>	<b>9,706</b>
Completed On Time	5,610	4,553	5,621	5,831	6,055	6,047	6,437	7,199
Still Enrolled	1,372	1,184	1,314	1,082	710	849	996	946
Attrition	1,496	1,069	1,273	1,238	1,742	1,312	1,419	1,561
<b>Retention Rate*</b>	66.2%	66.9%	68.5%	71.5%	71.2%	73.7%	72.7%	74.2%
<b>Attrition Rate</b>	17.6%	15.7%	15.5%	15.2%	20.5%	16.0%	16.0%	16.1%
<b>% Still Enrolled</b>	16.2%	17.4%	16.0%	13.3%	8.3%	10.3%	11.3%	9.7%

\*Retention rate = (students who completed the program on-time) / (enrollment)

From 2006-2007 to 2007-2008, attrition rates in ADN and BSN programs remained relatively constant, while rates in ELM programs decreased by 1.7%. Trends in attrition by program type show that ELM programs have lower attrition rates than ADN and BSN programs. Attrition rates in private nursing programs increased by 1.3%, from 7.9% in 2006-2007 to 9.2% in 2007-2008, while rates at public programs remained around 17.7% during the same time period.

### Attrition Rates by Program Type

Program Type	Academic Year							
	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008
ADN	21.5%	16.9%	19.1%	17.0%	23.7%	18.3%	19.0%	19.3%
BSN	9.0%	14.0%	8.1%	10.8%	11.0%	10.5%	8.7%	8.6%
ELM	3.3%	1.2%	3.2%	4.7%	14.3%	5.0%	7.2%	5.5%
Private	11.7%	12.0%	9.6%	10.1%	15.9%	14.6%	7.9%	9.2%
Public	18.8%	16.5%	16.7%	15.9%	21.2%	16.2%	17.7%	17.6%

There has been fluctuation in the retention and attrition rates over the eight-year period documented in the above tables. There were changes to the survey between 2003-2004 and 2005-2006 that may have affected the comparability of these data over time.

### Student Census Data

The total number of students enrolled in California nursing programs increased by 4.6% (n=1,026), from 22,524 on October 15, 2007 to 23,550 a year later. Of these students, 60.7% (n=14,304) were in ADN programs, 33.8% (n=7,956) in BSN programs, and 5.5% (n=1,290) in ELM programs.

The reported number of pre-nursing students increased by 49.6% (n=7,953) in the last year, from 16,023 in 2007 to 23,976 in 2008. Changes to the survey and fewer nursing programs reporting these data in 2007 (n=26) than in 2008 (n=44) may account for some of the fluctuation in the number of pre-nursing students reported.

### Student Census Data

Program Type	Academic Year							
	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008
ADN Program	8,236	8,999	9,547	9,939	11,117	12,632	14,191	14,304
BSN Program		4,235	4,254	5,279	5,669	6,285	6,799	7,956
ELM Program		190	148	368	804	659	896	1,290
Total Nursing Students	12,661	13,401	15,194	16,412	18,061	20,327	22,524	23,550
Pre-Nursing Students					28,478	20,980	16,023	23,976

\*Blank cells indicated that the applicable information was not requested in the given year.

\*\*Changes in the survey may have accounted for the fluctuation in the number of pre-nursing students reported.

### *Clinical Simulation in Nursing Education*

Data show that 57.1% (n=68) of the 119 nursing schools in California used a clinical simulation center<sup>1</sup> between 8/1/07 and 7/31/08. The majority of schools that used a clinical simulation center in 2007-2008 reported that they used these facilities to standardize clinical experiences, to provide clinical experience not available in a clinical setting, to check clinical competencies, and to make up for clinical experiences. Most of the schools did not use a clinical simulation center as a method of increasing capacity in their nursing programs. Of the 68 schools that used clinical simulation centers in 2007-2008, 83.8% (n=57) plan to expand the center.

<b>Reasons for Using a Clinical Simulation Center*</b>	<b>2007-2008</b>
To standardize clinical experiences	80.9%
To provide clinical experience not available in a clinical setting	73.5%
To check clinical competencies	69.1%
To make up for clinical experiences	55.9%
To increase capacity in your nursing program	22.1%
<b>Number of schools that use a clinical simulation center</b>	<b>68</b>

\*These data were collected for the first time in 2006-2007. However, changes in these questions for the 2007-2008 administration of the survey and lack of confidence in the reliability of the 2006-2007 data prevent comparability of the data. Therefore, data from previous years of the survey are not shown.

### *Faculty Census Data*

The total number of nursing faculty increased by 5.0% (n=165) over the last year. On October 15, 2008, there were 3,447 total nursing faculty. Of these faculty, 40.4% (n=1,394) were full-time and 59.6% (n=2,053) were part-time.

Although there was an increase in the total number of nursing faculty in 2008, that increase has not kept pace with the need for faculty. On October 15, 2008, there were 170 vacant faculty positions. These vacancies represent a 4.7% faculty vacancy rate, which is lower than faculty vacancy rates reported in the previous three years.

### **Faculty Census Data**

	<b>Academic Year</b>							
	<i>2000-2001</i>	<i>2001-2002</i>	<i>2002-2003</i>	<i>2003-2004</i>	<i>2004-2005*<sup>1</sup></i>	<i>2005-2006*</i>	<i>2006-2007*</i>	<i>2007-2008</i>
<b>Total Faculty</b>	<b>1,840</b>	<b>1,957</b>	<b>2,031</b>	<b>2,207</b>	<b>2,432</b>	<b>2,723</b>	<b>3,282</b>	<b>3,447</b>
<i>Full-time</i>	1,047	1,090	1,087	1,061	930	1,102	1,374	1,394
<i>Part-time</i>	793	867	944	1,146	959	1,619	1,896	2,053
<b>Vacancy Rate**</b>		<b>4.1%</b>	<b>5.9%</b>	<b>3.7%</b>	<b>6.0%</b>	<b>6.6%</b>	<b>5.9%</b>	<b>4.7%</b>
<i>Vacancies</i>		83	128	84	154	193	206	170

\*The sum of full- and part-time faculty did not equal the total faculty reported in 2003-04, 2004-05, and 2005-06.

\*\*Vacancy rate = number of vacancies/(total faculty + number of vacancies)

1 - Faculty vacancies were estimated based on the vacant FTEs reported.

<sup>1</sup> Clinical simulation center - students have a simulated real-time nursing care experience using hi-fidelity mannequins and clinical scenarios, which allow them to integrate, apply, and refine specific skills and abilities that are based on theoretical concepts and scientific knowledge. The experience includes videotaping, de-briefing and dialogue as part of the learning process.

## *Summary*

In the past eight years, the number of California pre-licensure nursing programs has grown by 35.1%, to 131 programs in 2007-2008. Since 2000-2001, new student enrollments have more than doubled (n=7,086). Although admission spaces and new student enrollments in these programs have grown, data indicate that the rate of enrollment growth has declined in 2007-2008 as compared to the past four years. Enrollment growth peaked at 24.7% in 2005-2006 and has declined for the past two years, 14.2% in 2006-2007 and 4.0% in 2007-2008. This decline in enrollment growth may signify a new trend in nursing program expansion in California.

Nursing programs continue to produce a growing number of RN graduates. Between 2000-2001 and 2007-2008, graduations increased by 84.0% (n=4,348). Retention rates in nursing programs have increased by 8.0% since 2000-2001, while attrition rates have remained around 16% since 2004-2005. However, if the rate of enrollment growth continues to decline and retention rates do not improve, graduations from these programs may also decrease.

Expansion in RN education has required nursing programs to hire more faculty to teach the growing number of students. Although the number of nursing faculty has grown by 87.3% (n=1,607) since 2000-2001, faculty hires have not kept pace with the growth in California pre-licensure nursing programs. In 2007-2008, 170 faculty vacancies were reported, representing a faculty vacancy rate of 4.7%. Although this vacancy rate is the lowest reported in four years, RN programs will not be able to continue their expansion without more faculty.

## APPENDICES

### APPENDIX A – List of Survey Respondents by Degree Program

#### *ADN Programs (74)*

American River College	Los Angeles Southwest College
Antelope Valley College	Los Angeles Trade-Tech College
Bakersfield College	Los Angeles Valley College
Butte Community College	Los Medanos College
Cabrillo College	Mendocino College
Cerritos College	Merced College
Chabot College	Merritt College
Chaffey College	Modesto Junior College
Citrus College	Monterey Peninsula College
City College of San Francisco	Moorpark College
College of Marin	Mount Saint Mary's College
College of San Mateo	Mount San Antonio College
College of the Canyons	Mount San Jacinto College
College of the Desert	Napa Valley College
College of the Redwoods	National University
College of the Sequoias	Ohlone College
Contra Costa College	Pacific Union College
Copper Mountain Community College	Palomar College
Cuesta College	Pasadena City College
Cypress College	Rio Hondo College
De Anza College	Riverside Community College
East Los Angeles College	Sacramento City College
El Camino College - Compton Education Center	Saddleback College
El Camino College	San Bernardino Valley College
Evergreen Valley College	San Diego City College
Fresno City College	San Joaquin Delta College
Glendale Community College	Santa Ana College
Golden West College	Santa Barbara City College
Grossmont College	Santa Monica College
Hartnell College	Santa Rosa Junior College
Imperial Valley College	Shasta College
Kaplan College (formerly Maric College)	Sierra College
Long Beach City College	Solano Community College
Los Angeles City College	Southwestern College
Los Angeles County College of Nursing & Allied Health	Ventura College
Los Angeles Harbor College	Victor Valley College
Los Angeles Pierce College	Yuba College



*LVN to ADN Programs (10)*

Allan Hancock College	San Joaquin Valley College
College of the Siskiyous	Unitek College
Gavilan College	West Coast University – Los Angeles
Mira Costa College	* West Coast University – Orange
* Mission College	Western Career College

*BSN Programs (32)*

American University of Health Sciences	CSU Stanislaus
Azusa Pacific University	Dominican University of California
Biola University	Humboldt State University
California Baptist University	Loma Linda University
CSU Bakersfield	Mount Saint Mary's College
CSU Channel Islands	National University
CSU Chico	Point Loma Nazarene University
CSU East Bay	Samuel Merritt College
CSU Fresno	San Diego State University
CSU Fullerton	San Francisco State University
CSU Long Beach	San Jose State University
CSU Los Angeles	Sonoma State University
CSU Northridge	University of California Irvine
CSU Sacramento	University of California Los Angeles
CSU San Bernardino	University of Phoenix - Northern California
CSU San Marcos	University of San Francisco

*ELM Programs (15)*

Azusa Pacific University	San Francisco State University
* California Baptist University	Sonoma State University
CSU Dominguez Hills	University of California Los Angeles
CSU Fresno	University of California San Francisco
CSU Fullerton	University of San Diego
CSU Long Beach	University of San Francisco
CSU Los Angeles	Western University of Health Sciences
Samuel Merritt College	

\* - New programs in 2007-2008

## APPENDIX B – BRN Education Advisory Committee Members

### **BRN Education Advisory Committee Members**

#### **Members**

Sherry Fox, Chair  
Barbara Whitney  
Deloras Jones  
Jim Comins  
Loucine Huckabay  
Margaret Craig  
Marilyn Herrmann  
Stephanie Leach  
Sue Albert

#### **Organization**

California State University, Chico  
California Community College Chancellor's Office  
California Institute of Nursing and Health Care  
California Community College Chancellor's Office  
California State University, Long Beach  
Napa Valley College  
Loma Linda University  
California Labor and Workforce Development Agency  
College of the Canyons

#### **Ex-Officio Members**

Ruth Ann Terry  
Louise Bailey

California Board of Registered Nursing  
California Board of Registered Nursing

#### **Project Managers**

Carol Mackay  
Julie Campbell-Warnock

California Board of Registered Nursing  
California Board of Registered Nursing

# **California Board of Registered Nursing**

## **2007-2008 Annual School Report**

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Data Summary for Pre-Licensure Nursing Programs

February 5, 2009

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## **PREFACE**

### **Nursing Education Survey Background**

Development of the 2007-2008 Board of Registered Nursing (BRN) School Survey was the work of the Board's Education Advisory Committee (EAC), which consists of directors of nursing education programs, the California Community College Chancellor's Office, the California State University Chancellor's Office and the California Institute of Nursing and Health Care. A list of the EAC members is included in the Appendices. The University of California, San Francisco was commissioned by the BRN to develop the online survey instrument, administer the survey, and report data collected from the survey.

Funding for this project was provided by the California Board of Registered Nursing.

### **Organization of Report**

The survey collects data about nursing programs and their students and faculty from August 1 through July 31. Annual data presented in this report represent August 1, 2007 through July 31, 2008. Demographic information and census data were requested for October 15, 2008.

Data from pre- and post-licensure nursing education programs are presented in separate reports and will be available on the BRN website. Data are presented in aggregate form and describe overall trends in the areas and over the times specified and, therefore, may not be applicable to individual nursing education programs.

Statistics for enrollments and completions represent two separate student populations. Therefore, it is not possible to directly compare enrollment and completion data.

### **Availability of Data**

The BRN Annual School Survey was designed to meet the data needs of the BRN as well as other interested organizations and agencies. A database with aggregate data derived from the 2000-2001 through 2007-2008 BRN School Surveys will be available for public access on the BRN website. Parties interested in accessing data not available on the website should contact the BRN.

The BRN acknowledges that survey respondents may not have had ready access to some of the data that were being requested. To address this issue, a member of the EAC developed a computer program for tracking most of the required data. The computer tracking program was distributed to nursing programs in the fall of 2006. Nursing programs that do not have this program may contact the BRN.

### **Value of the Survey**

This survey has been developed to support nursing, nursing education and workforce planning in California. The Board of Registered Nursing believes that the results of this survey will provide data-driven evidence to influence policy at the local, state, federal and institutional levels.

The BRN extends appreciation to the Education Advisory Committee and all survey respondents. Your participation has been vital to the success of this project.

## DATA SUMMARY – Pre-Licensure Programs

### *Number of California Nursing Programs*

- 64.1% of pre-licensure nursing programs in California are ADN programs.

Program Type	#	%
ADN	74	56.5%
LVN to ADN	10	7.6%
BSN	32	24.4%
ELM	15	11.5%
Sum of Pre-Licensure Programs*	131	100.0%

\*Since some nursing schools have more than one nursing degree program, the number of nursing programs is greater than the number of nursing schools (n=119) in the state.

## Newly Enrolled Nursing Students

### *Ethnic Distribution of Newly Enrolled Nursing Students*

- 59.1% of students who enrolled in a pre-licensure nursing program for the first time are ethnic minorities.
- LVN to ADN programs have the highest percentage of ethnic minorities among newly enrolled nursing students.

Ethnicity	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
	%	%	%	%	%
Native American	0.6%	0.7%	0.7%	1.2%	0.6%
Asian	12.9%	21.3%	19.4%	26.7%	15.7%
African American	7.2%	11.6%	4.7%	6.4%	6.7%
Filipino	14.3%	24.2%	14.8%	5.6%	14.4%
Hispanic	20.8%	10.9%	12.4%	11.0%	17.7%
White	40.2%	28.3%	44.5%	43.0%	40.9%
Other	4.0%	3.0%	3.5%	6.1%	4.0%
Total	7,721	541	3,003	644	11,909
Ethnic Minorities*	59.8%	71.7%	55.5%	57.0%	59.1%
# unreported or unknown	511	74	654	66	1,305

\*Ethnic minorities include Native American, Asian, African American, Filipino, Hispanic, and other.

*Gender Distribution of Newly Enrolled Nursing Students*

- 18.1% of students who enrolled in a pre-licensure program for the first time are male.
- ADN programs have the highest percentage of males among newly enrolled nursing students.

Gender	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
	%	%	%	%	%
Male	19.4%	16.3%	16.0%	15.6%	18.1%
Female	80.6%	83.7%	84.0%	84.4%	81.9%
Total	8,075	614	3,502	710	12,901
# unreported or unknown	157	1	155	0	313

*Age Distribution of Newly Enrolled Nursing Students*

- 63.8% of students who enrolled in a pre-licensure nursing program were younger than 31 years of age when starting the nursing program.

Age	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
	%	%	%	%	%
<26 years	30.0%	18.0%	68.6%	34.6%	39.8%
26 - 30 years	27.0%	25.5%	13.8%	33.3%	23.8%
31 - 40 years	27.3%	33.1%	11.6%	21.8%	23.1%
41 - 50 years	12.7%	19.0%	4.8%	8.3%	10.7%
51 - 60 years	2.8%	4.1%	1.1%	1.6%	2.4%
>60 years	0.2%	0.3%	0.1%	0.3%	0.2%
Total	7,796	611	3,239	696	12,342
# unreported or unknown	436	4	418	14	872

*Newly Enrolled Students by Degree Type*

- The majority (62.3%) of students who enrolled in a pre-licensure nursing program for the first time in 2007-2008 are generic ADN students.

Program Type	% Students
ADN	62.3%
LVN to ADN	4.7%
BSN	27.7%
ELM	5.4%
Total	13,214



*Newly Enrolled Students by Program Track*

- 78.4% of newly enrolled nursing students are in the generic program track.
- A large share (15.8%) of BSN students are enrolled in an accelerated track.

Program Track	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
	%	%	%	%	%
Generic	83.9%	0.0%	75.0%	100.0%	78.4%
Advanced Placement	11.3%	98.9%	5.0%	--	13.0%
Transfer	1.5%	0.0%	3.9%	--	2.0%
30-Unit Option	0.8%	1.1%	0.2%	--	0.6%
Accelerated	2.6%	0.0%	15.8%	--	6.0%
Total	8,232	615	3,657	710	13,214

*Qualified Applications Accepted and Not Accepted for Admission to Nursing Schools in California*

- 60.7% of the 33,616 qualified applications to pre-licensure nursing education programs in 2007-2008 were *not* accepted for admission. Since these data represent applications and an individual can apply to multiple nursing programs, the number of applications is likely greater than the number of individuals applying to nursing programs in California.
- ADN and BSN programs received the most qualified applications for admission. ADN programs had the highest percentage of qualified applications *not* accepted for admission.

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Qualified Applications*	24,389	632	7,057	1,538	33,616
% Accepted	33.8%	97.3%	51.8%	46.2%	39.3%
% Not Accepted	66.2%	2.7%	48.2%	53.8%	60.7%

\* Since the data represent applications rather than individuals, the increase in qualified applications does not represent an equal growth in individuals applying to nursing school.

*Percentage of Nursing Student Admission Spaces Filled*

- All admission spaces available for pre-licensure nursing students in 2007-2008 were filled.
- 62 pre-licensure programs reported that they filled more admission spaces than were available.

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Spaces Available	7,425	657	3,156	731	11,969
Spaces Filled	8,232	615	3,657	710	13,214
% Spaces Filled	110.9%	93.6%	115.9%	97.1%	110.4%

*Nursing Student Admission Spaces Supported by Donor Partners and Grants*

- 26.9% (n=3,223) of admission spaces to pre-licensure nursing programs were supported by donor partners and grants.
- 35.3% (n=2,623) of admission spaces in generic ADN programs were supported by donor partners and grants.

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Spaces Available	7,425	657	3,156	731	11,969
% Spaces Supported by Donor Partners	9.2%	3.0%	7.9%	6.6%	8.4%
% Spaces Supported by Grants	26.1%	17.4%	5.4%	0%	18.6%

*Nursing Student Census Data*

- On October 15, 2008, a total of 23,550 nursing students were enrolled in a California nursing program that leads to RN licensure.
- Only 43 nursing programs know how many pre-nursing students are enrolled at their schools. These programs reported a total of 23,976 pre-nursing students enrolled at their schools on October 15, 2008.

Census Data	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Nursing Students	13,749	555	7,956	1,290	23,550
Pre-Nursing Students	12,993	318	10,567	98	23,976
Programs that know the number of pre-nursing students on their campuses	12	2	25	4	43

## Students who Completed a Nursing Program

### *Ethnic Distribution of Students who Completed a Nursing Program in California*

- 58.1% of students who completed a pre-licensure nursing program are ethnic minorities.
- LVN to ADN programs had the greatest share of ethnic minorities among students who completed a nursing program.

Ethnicity	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
	%	%	%	%	%
Native American	0.6%	0.5%	0.8%	0.2%	0.6%
Asian	12.6%	14.1%	21.2%	28.9%	15.9%
African American	6.9%	11.1%	4.2%	4.7%	6.2%
Filipino	14.8%	28.1%	12.5%	5.5%	14.3%
Hispanic	20.8%	16.1%	10.4%	13.2%	17.4%
White	41.1%	26.6%	46.1%	42.9%	41.9%
Other	3.2%	3.5%	4.8%	4.7%	3.7%
Total	5,385	398	2,228	492	8,503
Ethnic Minorities*	58.9%	73.4%	53.9%	57.1%	58.1%
# unreported or unknown	725	19	253	26	1,023

\*Ethnic minorities include Native American, Asian, African American, Filipino, Hispanic, and other.

### *Gender Distribution of Students who Completed a Nursing Program*

- 17.8% of students who completed a pre-licensure nursing program are male.
- A greater percentage of males completed BSN programs than ADN or ELM programs.

Gender	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
	%	%	%	%	%
Male	16.9%	13.8%	21.1%	15.9%	17.8%
Female	83.1%	86.2%	78.9%	84.1%	82.2%
Total	5,826	398	2,283	509	9,016
# unreported or unknown	284	19	198	9	510

*Age Distribution of Students who Completed a Nursing Program*

- 58.6% of students who completed a pre-licensure nursing program in 2007-2008 were younger than 31 years of age when they completed the program.
- 26.9% of students who completed an LVN to ADN program were at least 41 years of age.
- More than half (56.0%) of the students who completed a BSN program were younger than 26 years of age.

Age	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
	%	%	%	%	%
<26 years	24.5%	13.6%	56.0%	21.7%	31.5%
26 - 30 years	27.5%	23.1%	22.9%	43.3%	27.1%
31 - 40 years	29.4%	36.4%	14.1%	23.4%	25.6%
41 - 50 years	15.4%	20.9%	5.5%	9.4%	12.9%
51 - 60 years	3.1%	5.5%	1.4%	2.0%	2.7%
>60 years	0.2%	0.5%	0.1%	0.2%	0.2%
Total	5,222	398	1,974	508	8,102
# unreported or unknown	888	19	507	10	1,424

*Student Completions by Degree Type*

- The majority of students who completed a pre-licensure nursing program in 2007-2008 (64.1%) were ADN students.

Program Type	% Students
ADN	64.1%
LVN to ADN	4.4%
BSN	26.0%
ELM	5.4%
Total	9,526

*Student Completions by Program Track*

- About 75% of nursing students completed nursing programs in the generic program track.
- Since LVN to ADN programs are considered advanced placement by definition, almost all of the students who completed those programs did so through the advanced placement track.
- BSN programs had the highest share of students (13.6%) complete the program in an accelerated track.

Program Track	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
	%	%	%	%	%
Generic	75.4%	0.0%	83.6%	99.8%	75.5%
Advanced Placement	13.4%	99.3%	1.7%	0.0%	13.3%
Transfer	1.3%	0.0%	0.6%	0.0%	1.0%
30-Unit Option	0.9%	0.7%	0.1%	0.0%	0.6%
Readmitted	6.6%	0.0%	0.3%	0.2%	4.3%
Accelerated	2.5%	0.0%	13.6%	0.0%	5.2%
Total	6,110	417	2,481	518	9,526

*Completion, Retention and Attrition Data*

- The overall attrition rate for pre-licensure nursing education programs in California was 16.1% in 2007-2008.
- ELM programs had the lowest attrition rate.

Retention and Attrition	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Enrollment	6,477	478	2,116	635	9,706
Completed On-time	4,466	356	1,859	518	7,199
Still Enrolled	713	76	75	82	946
Dropped Out	1,298	46	182	35	1,561
Retention Rate*	69.0%	74.5%	87.9%	81.6%	74.2%
Attrition Rate	20.0%	9.6%	8.6%	5.5%	16.1%

\*Retention rate = (students who completed the program on-time) / (enrollment)

- The retention rate for accelerated tracks within nursing programs was 82.9% in 2007-2008.<sup>1</sup>
- Accelerated BSN programs had the lowest attrition rate.

Accelerated Track Retention and Attrition	Program Type				
	ADN	LVN to ADN**	BSN	ELM**	Total
Enrollment	231	0	455	0	686
Completed On-time	159	0	410	0	569
Still Enrolled	14	0	14	0	28
Dropped Out	57	0	31	0	88
Retention Rate*	68.8%	0%	90.1%	0%	82.9%
Attrition Rate	24.7%	0%	6.8%	0%	12.8%

\*Retention rate = (students who completed the program on-time) / (enrollment)

\*\*Programs that report data here did not have any students scheduled to complete the accelerated track in 2007-08.

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<sup>1</sup> Since only 51.5% (n=17) of the 33 schools with accelerated programs reported student completion and retention data for their accelerated students, these data may not accurately capture the retention of students in these programs.

*Factors Impacting Student Attrition*

- Academic failure and personal reasons were reported as the factors with the greatest impact on student attrition.
- Almost 57% of nursing schools reported academic failure as the factor with the greatest impact on student attrition.
- 23% of schools reported personal reasons as the factor with the greatest impact on student attrition.

<b>Factors Impacting Student Attrition</b>	<b>Average Rank*</b>
Academic failure	1.8
Personal reasons(e.g. home, job, health, family)	2.3
Clinical failure	2.8
Financial need	2.9
Change of major or career interest	3.7
Transfer to another school	3.8

\*The lower the ranking, the greater the impact on attrition (1 has the greatest impact on attrition, while 8 has the least impact).

**Faculty Data***Full-time and Part-time Faculty Data*

- On October 15, 2008, there were 3,447 nursing faculty. Almost 60% (n=2,053) of these faculty work part-time.
- Part-time faculty work an average of 15.0 hours per week.
- The faculty vacancy rate in pre-licensure nursing programs is 4.7% (n=170). There were more full-time than part-time faculty vacancies reported, resulting in a larger vacancy rate among full-time faculty.

	<b># Faculty</b>	<b>Faculty Vacancies</b>	<b>Vacancy Rates</b>
Total faculty	3,447	170	4.7%
Full-time faculty	1,394	139	9.1%
Part-time faculty	2,053	31	1.5%

- Nursing schools reported that a small share of faculty work at multiple nursing schools (1.8%, n=62) or in a joint appointment with a nursing school and clinical placement site (3.3%, n=113).
- Schools reported that 131 faculty members retired in 2007-2008, and 64 additional faculty are expected to retire in 2008-2009.

*Faculty Demographic Data*

- Nursing faculty continue to be predominately white (70.4%) and female (91.4%).

<b>Ethnicity</b>	<b>% Faculty</b>
Native American	0.6%
Asian	5.5%
African American	9.0%
Filipino	5.5%
Hispanic	6.8%
White	70.4%
Other	2.2%
<b>Number of faculty</b>	<b>3,273</b>
<b>Ethnic Minorities*</b>	<b>29.6%</b>
# unreported or unknown	174

\*Ethnic minorities include Native American, Asian, African American, Filipino, Hispanic, and other.

<b>Gender</b>	<b>% Faculty</b>
Male	8.6%
Female	91.4%
<b>Number of faculty</b>	<b>3,437</b>
# unreported or unknown	10

- 66.9% of faculty are between 40 and 59 years of age.

<b>Age</b>	<b>% Faculty</b>
<30 years	3.4%
30-39 years	17.7%
40-49 years	30.7%
50-59 years	36.3%
60+ years	11.9%
<b>Number of faculty</b>	<b>2,864</b>
# unreported or unknown	583

*Faculty Education*

- 71.7% of all nursing faculty have a master's degree or higher.

<b>Highest Degree Held</b>	<b>% Faculty</b>
Associate degree	5.0%
Bachelor degree	23.3%
Master degree	59.7%
Doctoral degree	12.0%
<b>Number of faculty</b>	<b>3,447</b>

*Methods Used to Prepare Part-time Faculty to Teach*

- Faculty orientations and program policies were reported as the most common methods used to prepare part-time faculty to teach.

Methods	% Schools
Faculty orientation	87.7%
Program policies	86.0%
Specific orientation program	76.3%
Mentoring program	71.1%
Curriculum review	68.4%
Teaching strategies	65.8%
Administrative policies	64.0%
Other	8.8%
None	0%
Number of schools	114

*Barriers to Recruiting Faculty*

- Non-competitive salaries and an insufficient number of faculty applicants with the required credentials were reported as the most common barriers to recruiting faculty.
- 7.0% of nursing schools reported no barriers to recruiting faculty.

Barriers to Recruiting Faculty	% Schools
Non-competitive salaries	82.6%
Insufficient number of faculty applicants with required credentials	69.6%
Overall shortage of RNs	49.6%
Private, state university or community college laws, rules or policies	25.2%
BRN rules and regulations	20.9%
No barriers	7.0%
Other	7.0%
Number of schools	115

*Faculty Salaries*

- On average, full-time faculty salaries range from \$47,482 to \$79,128 per year.
- Part-time faculty wages range from an average of \$46.55 to \$63.27 per hour.

Faculty Salaries	\$
Full-time faculty	
Average low (\$/year)	\$47,482
Average high (\$/year)	\$79,128
Part-time faculty	
Average low (\$/hour)	\$46.55
Average high (\$/hour)	\$63.27



## Nursing Program Data

### Program Offerings

- The majority of nursing programs (83.2%, n=109) offered a traditional nursing program in 2007-2008.
- Accelerated, evening and extended programs were the most commonly reported non-traditional programs offered at nursing schools.
  - 25.2% (n=33) of nursing programs offered an accelerated track in 2007-2008.
  - 21.2% (n=7) of nursing programs that offered an accelerated track offered it via distance education.

Program Offerings	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
	%	%	%	%	%
Traditional Program	98.6%	50.0%	84.4%	26.7%	83.2%
Collaborative/Shared Education	4.1%	0%	6.3%	0%	3.8%
Contract Education	8.1%	0%	3.1%	0%	5.3%
Distance Education	8.1%	0%	1.3%	13.3%	9.2%
Evening Program	18.9%	20.0%	6.3%	0%	13.7%
Extended Campus	10.8%	0%	21.9%	13.3%	13.0%
Part-time Program	2.7%	0%	6.3%	0%	3.1%
Weekend Program	17.6%	20.0%	0%	6.7%	12.2%
Accelerated Track	9.5%	50.0%	31.3%	73.3%	25.2%
Other	4.1%	0%	6.3%	0%	3.8%
Number of programs	74	10	32	15	131

### Frequency of Student Admission

- Although most nursing programs admit students twice per year, ELM programs typically admit students once per year.

Frequency of Student Admission	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
	%	%	%	%	%
Once per year	24.7%	44.4%	30.0%	66.7%	32.3%
Twice per year	65.8%	11.1%	53.3%	20.0%	53.5%
Three times per year	6.9%	11.1%	6.7%	6.7%	7.1%
Other	2.7%	33.3%	10.0%	6.7%	7.1%
Number of programs	73	9	30	15	127

*Admission Criteria*

- Completion of prerequisite courses, minimum/cumulative grade point average (GPA), and minimum grade level in prerequisite courses were the most common criteria used to determine if an applicant was qualified for admission to the nursing program.

Admission Criteria	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
	%	%	%	%	%
Completion of prerequisite courses	83.6%	90.0%	83.3%	85.7%	84.3%
Minimum/Cumulative GPA	75.3%	80.0%	96.7%	100.0%	83.5%
Minimum grade level in prerequisite courses	67.1%	80.0%	93.3%	71.4%	74.8%
Validated prerequisites	61.6%	50.0%	--	--	39.4%
Repetition of prerequisite science courses	39.7%	40.0%	16.7%	7.1%	30.7%
Recent completion of prerequisite courses	26.0%	30.0%	33.3%	28.6%	28.3%
Health-related work experience	11.0%	10.0%	46.7%	28.6%	21.3%
Score on TEAS (Test of Essential Academic Skills) exam	16.4%	30.0%	30.0%	14.3%	20.5%
Community Colleges' Nursing Prerequisite Validation Study Composite Score	30.1%	20.0%	--	--	18.9%
Geographic location	11.0%	0%	20.0%	0%	11.0%
Other	11.0%	40.0%	13.3%	50.0%	18.1%
None	0%	0%	0%	0%	0%
Number of programs	73	10	30	14	127

*Admission Selection Process*

- Overall, ranking by specific criteria was the most common method for selecting students for admission to nursing programs.
- In ADN programs, random selection was the most common method of selecting students for admission, while ranking by specific criteria was the most common selection method for BSN and ELM programs.

Selection Criteria	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
	%	%	%	%	%
Ranking by specific criteria	28.4%	55.6%	100.0%	92.3%	53.6%
Random selection	41.9%	22.2%	0%	0%	26.4%
First come, first served (waiting list)	25.7%	22.2%	0%	0%	16.8%
Goal statement	2.7%	22.2%	24.1%	76.9%	16.8%
Modified random selection	18.9%	11.1%	0%	0%	12.0%
Interviews	1.4%	11.1%	10.3%	69.2%	11.2%
First come, first served (based on application date for the quarter/semester)	8.1%	33.3%	3.4%	7.7%	8.8%
Other	8.1%	22.2%	3.4%	23.1%	9.6%
Number of programs	74	9	29	13	125

*Waiting List*

- 9,487 applicants to pre-licensure nursing programs were placed on a waiting list in 2007-2008.
- Nursing education administrators estimate that it takes a qualified applicant an average of 3.2 quarters/semesters to enroll in a registered nursing program after being placed on a waiting list.

Waiting Lists	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Qualified applicants on a waiting list	9,294	109	22	62	9,487
Average number of quarters/semesters to enroll after being placed on the waiting list	3.6	1.6	2.0	1.0	3.2

\*Since applicants can apply to multiple nursing programs within the same application cycle, some applicants may be placed on multiple waiting lists. Therefore, the number of applicants on waiting lists may not represent an equal number of individuals.

*Capacity for Program Expansion*

- 29.7% (n=38) of nursing programs reported that they have the ability to expand their programs.<sup>2</sup>

Capacity for Program Expansion	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Schools that have capacity to expand their programs	23.6%	40.0%	43.8%	21.4%	29.7%
Number of programs	72	10	32	14	128

- Given current resources, nursing programs expect their 2008-2009 new student enrollment to increase by 10.6% (n=1,407), to 14,621 students.

Current and Projected New Student Enrollment	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
2007-2008 new student enrollment	8,232	615	3,657	710	13,214
Expected new student enrollment given current resources					
2008-2009	8,648	896	4,368	709	14,621
2009-2010	8,235	701	4,526	754	14,216

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<sup>2</sup> Nursing programs that reported an ability to expand their programs were also asked to report their expected new student enrollment given sufficient resources. These data were analyzed and considered unreliable. Therefore, they are not included.

*Barriers to Program Expansion*

- Lack of clinical sites, uncompetitive faculty salaries, and insufficient funding for faculty salaries were the most common barriers to program expansion.
- 78.5% (n=102) of nursing programs reported insufficient clinical sites as a barrier to program expansion.

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
<b>Barriers to Program Expansion</b>	%	%	%	%	%
Insufficient number of clinical sites	81.1%	100.0%	62.5%	85.7%	78.5%
Faculty salaries not competitive	63.5%	40.0%	59.4%	42.9%	58.5%
Insufficient funding for faculty salaries	56.8%	40.0%	50.0%	42.9%	52.3%
Insufficient number of qualified classroom faculty	52.7%	30.0%	40.6%	57.1%	48.5%
Insufficient number of physical facilities and space for skills labs	48.6%	50.0%	28.1%	42.9%	43.1%
Insufficient number of qualified clinical faculty	44.6%	20.0%	37.5%	57.1%	42.3%
Insufficient number of physical facilities and space for classrooms	47.3%	50.0%	18.8%	28.6%	38.5%
Insufficient funding for program support (e.g. clerical, travel, supplies, equipment)	28.4%	10.0%	31.3%	14.3%	26.2%
Insufficient number of allocated spaces for the nursing program	10.8%	10.0%	21.9%	21.4%	14.6%
Insufficient support for nursing school by college or university	9.5%	10.0%	18.8%	7.1%	11.5%
Insufficient financial support for students	8.1%	20.0%	0.0%	0.0%	6.2%
Other	4.1%	10.0%	18.8%	7.1%	8.5%
Number of programs	74	10	32	14	130

*Program Expansion Strategies*

- Of the 102 programs that reported lack of clinical sites as one of their top five barriers to program expansion, evening shifts, human patient simulators, and weekend shifts were reported as the most common strategies used to address an insufficient number of clinical sites.

Program Expansion Strategies	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
	%	%	%	%	%
Evening shifts	76.7%	70.0%	85.0%	83.3%	78.4%
Human patient simulators	75.0%	60.0%	85.0%	58.3%	73.5%
Weekend shifts	65.0%	70.0%	85.0%	58.3%	68.6%
Twelve-hour shifts	55.0%	70.0%	90.0%	91.7%	67.6%
Community-based /ambulatory care (e.g. homeless shelters, nurse managed clinics, community health centers)	60.0%	60.0%	80.0%	66.7%	64.7%
Preceptorships	48.3%	60.0%	55.0%	66.7%	52.9%
Regional computerized clinical placement system	41.7%	60.0%	65.0%	50.0%	49.0%
Innovative skills lab experiences	41.7%	60.0%	35.0%	50.0%	43.1%
Night shifts	13.3%	10.0%	30.0%	16.7%	16.7%
Non-traditional clinical sites (e.g. correctional facilities)	11.7%	30.0%	20.0%	16.7%	15.7%
Other	1.7%	0.0%	0.0%	0.0%	1.0%
None	0.0%	0.0%	0.0%	0.0%	0.0%
Number of programs	60	10	20	12	102

*LVN to RN Education*

- 16 ADN programs have a separate track for LVNs, and 61 ADN programs admit LVNs to the generic ADN program on a space available basis. 30 ADN programs have a separate waiting list for LVNs.
- A bridge course, a skills lab course to document competencies, and direct articulation of LVN coursework are the most common mechanisms that facilitate a seamless progression from LVN to RN education.

LVN to RN Articulation	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Bridge course	90.5%	80.0%	25.0%	--	76.9%
Use of skills lab course to document competencies	58.1%	70.0%	50.0%	--	57.7%
Direct articulation of LVN coursework	41.9%	50.0%	40.0%	--	42.3%
Credit granted for LVN coursework following successful completion of a specific ADN course(s)	33.8%	50.0%	20.0%	--	32.7%
Use of tests (such as NLN achievement tests or challenge exams to award credit)	24.3%	20.0%	35.0%	--	26.0%
Specific program advisor	13.5%	30.0%	25.0%	--	17.3%
Other	8.1%	30.0%	5.0%	--	9.6%
Number of programs	74	10	20	0	104

*LVN to BSN Education*<sup>3</sup>

- Three BSN programs reported LVN to BSN tracks that exclusively admit LVN students or differ significantly from the generic BSN program offered at the school.
  - Most of these programs used completion of prerequisite courses, GPA in those courses, and cumulative GPA as criteria for admission to the LVN to BSN program.

<b>LVN to BSN Admission Criteria</b>	<b># LVN to BSN Programs</b>
Minimum/Cumulative GPA	2
Minimum grade level in prerequisite courses	2
Completion of prerequisite courses	2
Health-related work experience	1
Geographic location	0
Recent completion of prerequisite courses	0
Repetition of prerequisite science courses	0
Other	1
None	0
Number of programs	3

- Ranking by specific criteria was the most common method for selecting students for admission to LVN to BSN programs.

<b>LVN to BSN Selection Criteria</b>	<b># LVN to BSN Programs</b>
Ranking by specific criteria	2
First come, first served (based on application date for the quarter/semester)	1
Goal statement	1
Interviews	0
First come, first served (waiting list)	0
Other	0
Number of programs	3

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<sup>3</sup> For LVN to BSN programs, insufficient data on the number of admission spaces available and the number of applications and qualified applications received for those spaces were reported. Therefore, these data are not included.

*Partnerships*

- 15 nursing programs participate in collaborative or shared programs with another nursing program.
- 9 nursing programs collaborate with a program that offers a higher degree than is offered at their nursing program.

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
	# Programs	# Programs	# Programs	# Programs	# Programs
<b>Partnerships</b>					
Collaborative/shared programs to facilitate career mobility	12	1	2	0	15
Nursing school partners that offer a higher degree	7	1	0	1	9

*Professional Accreditation*

- BSN and ELM programs were more likely to have CCNE accreditation than NLNAC accreditation.
- None of the LVN to ADN programs and less than half (36.5%) of ADN programs reported having NLNAC accreditation.

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
	% Programs	% Programs	% Programs	% Programs	% Programs
<b>Professional Accreditation</b>					
NLNAC	36.5%	0%	9.4%	7.7%	24.0%
CCNE	NA*	NA*	81.3%	84.6%	28.7%
Not accredited by NLNAC or CCNE	63.5%	100.0%	12.5%	7.7%	44.2%
Number of programs	74	10	32	13	129

\* NA – Not Applicable, CCNE does not accredit ADN programs.

*First Time NCLEX Pass Rates*

- In 2007-2008, 85.8% (n=7,680) of nursing students who took the NCLEX for the first time passed the exam.

	Program Type			
	ADN	BSN	ELM	Total
First Time NCLEX* Pass Rate	85.4%	85.9%	92.3%	85.8%
# Students that took the NCLEX	6,261	2,255	430	8,946
# Students that passed the NCLEX	5,347	1,936	397	7,680

\*These data represent nursing students who took the NCLEX for the first time. Students who took the exam more than once in the five years preceding 2007-2008 are not included in these data.

- 88.6% (n=327) of nursing students in an accelerated track who took the NCLEX for the first time in 2007-2008 passed the exam.

Accelerated Track	Program Type			
	ADN	BSN	ELM	Total
First Time NCLEX* Pass Rate	86.7%	89.4%	--	88.6%
# Students that took the NCLEX	105	264	--	369
# Students that passed the NCLEX	91	236	--	327

\*These data represent nursing students who took the NCLEX for the first time. Students who took the exam more than once in the five years preceding 2007-2008 are not included in these data.

-- No data available



## School Data

Data in this section represent all schools with pre-licensure nursing programs. Data were not reported by degree type. As a result, this breakdown is not available.

### *Methods Used to Increase Student Retention*

- Student success strategies and counseling were reported as the most common methods used to increase student retention.

<b>Methods Used to Increase Student Retention</b>	<b>% Schools</b>
Student success strategies (e.g. mentoring, remediation, tutoring)	96.6%
Personal counseling	86.2%
New admission policies instituted	57.8%
Increased financial aid	50.9%
Program revisions (e.g. curriculum revisions)	44.8%
ATI testing	5.2%
Increased child care	1.7%
Other	8.6%
None	0.0%
Number of schools	116

### *Innovations Used to Expand the Nursing Program*

- Simulation training, adjunct faculty, and evening and weekend schedules were reported as the most common methods used to expand the nursing program.

<b>Innovations Used to Expand the Nursing Program</b>	<b>% Schools</b>
Simulation training	70.4%
Use of adjunct faculty	64.3%
Evening schedule	42.6%
Weekend schedule	33.9%
Accelerated/ year round program	25.2%
Distance Education (e.g. online, interactive video)	23.5%
Extended campuses	17.4%
Shared faculty	13.9%
Joint faculty	12.2%
Part-time program	7.8%
Other	7.0%
None	7.8%
Number of schools	115

*Access to Prerequisite Courses*

- 40 nursing schools reported that access to prerequisite science and general education courses is a problem for their pre-nursing students.
- Adding science course sections and offering additional prerequisites on weekends, in the evening or during the summer were reported as the most common methods used to increase access to prerequisite courses for these students.

<b>Prerequisite Access for Pre-Nursing Students</b>	<b>% Schools</b>
Adding science course sections	62.5%
Offering additional prerequisite courses on weekends, evenings, and summers	52.5%
Agreements with others schools for prerequisite courses	42.5%
Accepting online courses from other institutions	22.5%
Providing online courses	20.0%
Transferable high school courses to achieve prerequisites	5.0%
Insufficient funds to provide additional prerequisite courses	5.0%
Prerequisite courses in adult education	0.0%
Other	12.5%
Number of schools	40

*Donations to the Nursing Program*

- Student financial support, equipment donations, and faculty funding were reported as the most common donations to nursing schools.

<b>Donations to the Nursing Program</b>	<b>% Schools</b>
Student financial support (e.g. scholarships, work study, grants, etc.)	86.7%
Equipment	60.2%
Funding for faculty	58.4%
Funding for testing	35.4%
Space	29.2%
Joint faculty appointments	16.8%
Shared faculty appointments	9.7%
Other	7.1%
Number of schools	113

*RN Refresher Course*

- In 2007-2008, eight nursing schools offered an RN refresher course that is offered at least once a year.
- Between 8/1/07 and 7/31/08, 144 students completed an RN refresher course.

*Courses for International Students*

- 51 nursing schools provide opportunities for international students to make up educational deficiencies in order to qualify for the NCLEX.

*Employment of Recent Nursing Program Graduates*

- 88.0% of students who completed a nursing program between 8/1/07 and 7/31/08 are employed in a hospital.
- 91.5% of recent graduates are employed in California.
- 54.4% of recent graduates are employed by one of the nursing school's healthcare partners.

<b>Employment Location</b>	<b>Average % of Program Graduates</b>
Hospitals	88.0%
Long term care facilities	2.7%
Community/public health facilities	2.2%
Other healthcare facilities	3.1%
Other	4.0%
Number of schools	100

*Skills Lab*

- Traditional mannequins and body-part models are the most common tools used to facilitate student learning in a skills lab.

<b>Tools Used in a Skills Lab</b>	<b>% Schools</b>
Traditional mannequins (passive full-body mannequin with interchangeable parts)	93.9%
Traditional body-part models or Task trainers (e.g. IV arms designed to teach specific psychomotor skills)	93.0%
Low-fidelity mannequins (e.g. VitalSim, Anne, Noelle, etc.)	80.9%
Hi-fidelity mannequins (full-body simulator that responds to affective psychomotor changes)	76.5%
IV simulator	7.0%
Interactive computer simulation programs	6.1%
Other	11.3%
Number of schools	115

*Clinical Simulation Center*

- 68 nursing schools used a clinical simulation center between 8/1/07 and 7/31/08.
- Only 29.4% (n=20) of these schools have students participating in less direct patient care since they started using the clinical simulation center.
- 83.8% (n=57) of schools that use a clinical simulation center have plans to expand the center.
- Most schools that use a clinical simulation center have one on campus that is owned by the nursing program.
- Common components of clinical simulation centers are hi-fidelity mannequins, clinical scenarios, and debriefing and dialoguing as part of the simulation experience.

<b>Components of a Clinical Simulation Center</b>	<b>% Schools</b>
Hi-fidelity mannequin	98.5%
Clinical scenarios	98.5%
Debriefing and dialoguing as part of the simulation experience	95.6%
Students in uniforms	85.3%
A student preparation phase as part of the simulation experience	83.8%
Clinical Simulation Center on campus	77.9%
Clinical Simulation Center owned by your nursing program	76.5%
Enclosed simulation room replicating the clinical environment with observation window(s)	63.2%
Videotaping	61.8%
RN Clinical Simulation Center Coordinator (in addition to RN course faculty)	58.8%
Clinical simulation "technician"	52.9%
Clinical Simulation Center off campus	17.6%
Clinical Simulation Center shared with another nursing school	14.7%
Clinical Simulation Center shared with a clinical affiliate	13.2%
Number of schools	68

- Laerdal SimMan and SimBaby are the most common hi-fidelity mannequins used in a clinical simulation center.

<b>Mannequins Used in a Clinical Simulation Center</b>	<b># Mannequins</b>
Laerdal SimMan	85
Laerdal SimBaby	45
Noelle Birthing Simulator	36
METI Human Patient Simulator	32
METI Emergency Care Simulator	27
Vital Simulator	23
METI Baby Sim	21
Pediatric Simulator	19
Nursing Anne Simulator	10
Infant Simulator	8
Other	26
<b>Total</b>	<b>332</b>

- Of schools that used a clinical simulation center, 82.1% used it to standardize clinical experiences for students and 74.6% used it provide clinical experience not available in a clinical setting.

<b>Use of a Clinical Simulation Center</b>	<b>% Schools</b>
To standardize clinical experiences	82.1%
To provide clinical experience not available in a clinical setting	74.6%
To check clinical competencies	70.1%
To make up for clinical experiences	56.7%
To increase capacity in your nursing program	22.4%
Number of schools	67

- 10,529 students received at least one clinical simulation experience between 8/1/07 and 7/31/08.
- On average, students received 12 clinical scenario experiences in the clinical simulation center.
- It takes an average of 4.6 hours to conduct a clinical simulation learning experience.
- Most hi-fidelity scenarios used in California nursing schools are developed by faculty.

<b>Development of Hi-Fidelity Scenarios</b>	<b>% Schools</b>
By faculty	77.9%
Purchased	73.5%
Shared with another nursing program	23.5%
Number of schools	68

- Nursing schools use clinical simulation centers to cover more medical/surgical content than other clinical content areas.
- 63 schools teach an average of 12.9% of their medical/surgical clinical content using the clinical simulation center.

<b>Content Areas Taught in the Clinical Simulation Center</b>	<b>% Schools</b>	<b>Average % of Content Taught in Simulation</b>
Medical/Surgical	97.1%	12.9%
Pediatrics	77.9%	5.6%
Obstetrics	67.6%	4.1%
Geriatrics	50.0%	2.7%
Psychiatry/Mental Health	22.1%	1.1%
Other	14.7%	0.6%
Number of schools	68	63

## APPENDICES

### APPENDIX A – List of Survey Respondents by Degree Program

#### *ADN Programs (74)*

American River College	Los Angeles Southwest College
Antelope Valley College	Los Angeles Trade-Tech College
Bakersfield College	Los Angeles Valley College
Butte Community College	Los Medanos College
Cabrillo College	Mendocino College
Cerritos College	Merced College
Chabot College	Merritt College
Chaffey College	Modesto Junior College
Citrus College	Monterey Peninsula College
City College of San Francisco	Moorpark College
College of Marin	Mount Saint Mary's College
College of San Mateo	Mount San Antonio College
College of the Canyons	Mount San Jacinto College
College of the Desert	Napa Valley College
College of the Redwoods	National University
College of the Sequoias	Ohlone College
Contra Costa College	Pacific Union College
Copper Mountain Community College	Palomar College
Cuesta College	Pasadena City College
Cypress College	Rio Hondo College
De Anza College	Riverside Community College
East Los Angeles College	Sacramento City College
El Camino College - Compton Education Center	Saddleback College
El Camino College	San Bernardino Valley College
Evergreen Valley College	San Diego City College
Fresno City College	San Joaquin Delta College
Glendale Community College	Santa Ana College
Golden West College	Santa Barbara City College
Grossmont College	Santa Monica College
Hartnell College	Santa Rosa Junior College
Imperial Valley College	Shasta College
Kaplan College (formerly Maric College)	Sierra College
Long Beach City College	Solano Community College
Los Angeles City College	Southwestern College
Los Angeles County College of Nursing & Allied Health	Ventura College
Los Angeles Harbor College	Victor Valley College
Los Angeles Pierce College	Yuba College

## APPENDIX A – List of Survey Respondents by Degree Program

### *LVN to ADN Programs (10)*

Allan Hancock College	San Joaquin Valley College
College of the Siskiyous	Unitek College
Gavilan College	West Coast University – Los Angeles
Mira Costa College	* West Coast University – Orange
* Mission College	Western Career College

### *BSN Programs (32)*

American University of Health Sciences	CSU Stanislaus
Azusa Pacific University	Dominican University of California
Biola University	Humboldt State University
California Baptist University	Loma Linda University
CSU Bakersfield	Mount Saint Mary's College
CSU Channel Islands	National University
CSU Chico	Point Loma Nazarene University
CSU East Bay	Samuel Merritt College
CSU Fresno	San Diego State University
CSU Fullerton	San Francisco State University
CSU Long Beach	San Jose State University
CSU Los Angeles	Sonoma State University
CSU Northridge	University of California Irvine
CSU Sacramento	University of California Los Angeles
CSU San Bernardino	University of Phoenix - Northern California
CSU San Marcos	University of San Francisco

### *ELM Programs (14)*

Azusa Pacific University	San Francisco State University
* California Baptist University	Sonoma State University
CSU Dominguez Hills	University of California Los Angeles
CSU Fresno	University of California San Francisco
CSU Fullerton	University of San Diego
CSU Los Angeles	University of San Francisco
Samuel Merritt College	Western University of Health Sciences

\* - New programs in 2007-2008

## APPENDIX B – Definition List

### **Definition List**

The following definitions apply throughout the survey whenever the word or phrase being defined appears unless otherwise noted.

**Accelerated Program:** An Accelerated Program's curriculum extends over a shorter time-period than a traditional program. The curriculum itself may be the same as a generic curriculum or it may be designed meet the unique learning needs of the student population.

**Active Faculty:** A faculty member that has a current teaching assignment or faculty role. Do not include those on leave or those that do not have a current assignment.

**Adjunct Faculty:** A faculty member that is employed to teach a course in a part-time and/or temporary capacity.

**Advanced Placement Students:** Pre-licensure students who entered the nursing program in the second semester/quarter or in a higher level nursing course. This group includes LVNs and other health care providers, but does not include transfer students or readmitted students.

**Attrition Rate:** The total number of generic students dropped or disqualified who were scheduled to complete the program between August 1, 2007 and July 31, 2008, divided by the total number of generic students enrolled who were scheduled to complete during the same time period.

**Census Data:** Number of students enrolled or faculty present on October 15, 2008.

**Clinical Simulation Center/Experience:** Students have a simulated real-time nursing care experience using hi-fidelity mannequins and clinical scenarios, which allow them to integrate, apply, and refine specific skills and abilities that are based on theoretical concepts and scientific knowledge. Includes videotaping, de-briefing and dialogue as part of the learning process.

**Collaborative/Shared Education:** A written agreement between two or more nursing programs specifying the nursing courses at their respective institutions that are equivalent and acceptable for transfer credit to partner nursing programs. These partnerships may be between nursing programs offering the same degree or between an entry degree nursing program(s) and a higher degree nursing program(s). These later arrangements allow students to progress from one level of nursing education to a higher level without the repetition of nursing courses.

**Completed on Schedule Students:** Students scheduled on admission to complete the program between August 1, 2007 and July 31, 2008.

**Contract Education:** A written agreement between a nursing program and a health care organization in which the nursing program agrees to provide a nursing degree program for the organization's employees for a fee.

**Distance Education:** Any method of presenting a course where the student and teacher are not present in the same room (e.g., internet web based, teleconferencing, etc.).



## APPENDIX B – Definition List

**Entry-level Master's (ELM):** A master's degree program in nursing for students who have earned a bachelor's degree in a discipline other than nursing and do not have prior schooling in nursing. This program consists of pre-licensure nursing courses and master's level nursing courses.

**Evening Program:** A program that offers all program activities in the evening (i.e. lectures, etc.). This does not include a traditional program that offers evening clinical rotations.

**Hi-Fidelity Mannequin:** A portable, realistic human patient simulator designed to teach and test students' clinical and decision-making skills.

**Full-time:** More than 20 hours per week

**Generic Pre-licensure Students:** Students who enter the program in the first nursing course.

**International Students:** Nurses who have been educated outside the United States who do not currently qualify to take NCLEX without additional course work.

**Joint Faculty:** Faculty members who have appointments at both the school and a health care agency where students have clinical experience, and nurses employed by the health care agency who also have a joint faculty appointment at the school.

**LVN to BSN Program:** A program that exclusively admits LVN to BSN students. If the school also has a generic BSN program, the LVN to BSN program is offered separately or differs significantly from the generic program.

**LVN 30 Unit Option Students:** LVNs enrolled in the curriculum for the 30-unit option.

**Part-time:** 20 hours or less per week.

**Pre-nursing Students:** Students who are enrolled in or have completed nursing prerequisites on your campus and intend to apply to your nursing program.

**Readmitted Students:** Returning students who were previously enrolled in your program.

**Retention Rate:** The total number of generic students who completed the program between August 1, 2007 and July 31, 2008 divided by the total number of generic students enrolled who were scheduled to complete during the same time period.

**Shared Faculty:** A faculty member is shared by more than one school, e.g. one faculty member teaches a course in pediatrics to three different schools in one region.

**Skills Lab:** A learning environment that provides supplies and equipment for students to gain practice in learning of specific skills. Hi-fidelity mannequins are usually not part of the learning experience.

**Students Behind Schedule:** Students who were scheduled to complete the program between August 1, 2007 and July 31, 2008 that are still enrolled in the program.

**Students who Dropped Out or Disqualified:** Students who have left the program prior to their scheduled completion date occurring between August 1, 2007 and July 31, 2008.

## **APPENDIX B – Definition List**

**Time Period for the Survey:** August 1, 2007 - July 31, 2008. For those schools that admit multiple times a year, combine all student cohorts.

**Traditional Program:** A program on the semester or quarter system that offers most courses and other required program activities on weekdays during business hours. Clinical rotations for this program may be offered on evenings and weekends.

**Transfer Students:** Students in your programs that have transferred nursing credits from another pre-licensure program. This excludes RN to BSN students.

**Validated Prerequisites:** The nursing program uses one of the options provided by the California Community College Chancellor's Office for validating prerequisite courses.

**Waiting List:** A waiting list identifies students who qualified for the program, were not admitted in the enrollment cycle for which they applied, and will be considered for a subsequent enrollment cycle without needing to reapply.

**Weekend Program:** A program that offers all program activities on weekends, i.e. lectures, clinical rotations, etc. This does not include a traditional program that offers clinical rotations on weekends.

## APPENDIX C – BRN Education Advisory Committee Members

### **BRN Education Advisory Committee Members**

#### **Members**

Sherry Fox, Chair  
Barbara Whitney  
Deloras Jones  
Jim Comins  
Loucine Huckabay  
Margaret Craig  
Marilyn Herrmann  
Stephanie Leach  
Sue Albert

#### **Organization**

California State University, Chico  
California Community College Chancellor's Office  
California Institute of Nursing and Health Care  
California Community College Chancellor's Office  
California State University, Long Beach  
Napa Valley College  
Loma Linda University  
California Labor and Workforce Development Agency  
College of the Canyons

#### **Ex-Officio Members**

Ruth Ann Terry  
Louise Bailey

California Board of Registered Nursing  
California Board of Registered Nursing

#### **Project Managers**

Carol Mackay  
Julie Campbell-Warnock

California Board of Registered Nursing  
California Board of Registered Nursing

**BOARD OF REGISTERED NURSING**  
**Education/Licensing**  
**Agenda Item Summary**

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**AGENDA ITEM: 10.8**  
**DATE: February 20, 2009**

**ACTION REQUESTED:** Information Only - 2008 Goal Achievement Report

**REQUESTED BY:** Elizabeth O. Dietz, EdD, RN, CS-NP, Chairperson  
Education/Licensing Committee

**BACKGROUND:**

Annually the committee reviews the activities of the previous calendar year in relation to meeting their stated goals and objectives. Attached is the report detailing the achievements of ELC Goals and Objectives for 2008-2009 and summary of activities.

Attached summary of educational program activities show work related to continuing approval of nursing programs as well as review of new program approvals.

- A total of thirteen (13)-nursing programs were reviewed in 2008: twelve (12) pre-licensure programs (2 BSN, 10 ADN); and one (1) advanced practice program (NP).
- The regular Interim visits were conducted as scheduled to a total of 22 prelicensure programs (7 BSN/ELM and 15 ADN). NEC's reviewed program's curriculum while conducting program review.
- Twenty (20) letters of intent for new prelicensure programs were submitted during 2008.
- Twelve (12) feasibility studies were reviewed by ELC and accepted six (6) new proposals (1 ELM; 4 BSN; and 1 ADN) and six (6) feasibility studies were deferred or not accept, including two programs that submitted their feasibility study twice.
- Seven (7) new programs were granted initial approval (1 ELM; 3 BSN; 3 ADN, including 1 LVN-RN program). This number includes one university that opened three separate BSN programs.

**NEXT STEP:** Make information available to public.

**FISCAL IMPLICATION(S),  
IF ANY:** None

**PERSON TO CONTACT:** Miyo Minato, MN, RN, NEC  
323-890-9950

**BOARD OF REGISTERED NURSING  
EDUCATION/LICENSING COMMITTEE  
2008 – 2009 GOAL ACHIEVEMENTS**

**Note: Only italicized objectives are addressed in the achievements.**

**GOAL 1**

**Monitor nursing education to ensure that key trends and forces in the external environment that affect nursing are identified and incorporated into nursing programs. (Political, technical, economic and healthcare trends)**

- 1.1 Review prelicensure and advanced practice program content requirements to determine if they meet the current changes in healthcare.
- 1.2 *Monitor education programs use of appropriate BRN advisory statements.*
- 1.3 *Validate that nursing educational programs include the Scope of Practice of Registered Nurses in California in their curriculum.*
- 1.4 *Participate in educational conferences and various committees within California and nationally when appropriate.*
- 1.5 Monitor legislation affecting nursing education and convene advisory committees when appropriate.
- 1.6 *Review BSN programs prelicensure course content to ensure adherence to the Public Health Nurse certificate requirements.*

**Achievements:**

- A total of thirteen (13)-nursing programs were reviewed in 2008: twelve (12) pre-licensure programs (2 BSN, 10 ADN); and one (1) advanced practice program (NP). The regular Interim visits were conducted as scheduled to a total of 22 prelicensure programs (7 BSN/ELM and 15 ADN). NEC's reviewed program's curriculum while conducting program review.
- Twenty (20) letters of intent for new prelicensure programs were submitted during 2008.
- Twelve (12) feasibility studies were reviewed by ELC and accepted six (6) new proposals (1 ELM; 4 BSN; and 1 ADN) and six (6) feasibility studies were deferred or not accept, including two programs that submitted their feasibility study twice.
- Seven (7) new programs were granted initial approval (1 ELM; 3 BSN; 3 ADN, including 1 LVN-RN program). This number includes one university that opened three separate BSN campuses.
- Board members and staff attended various nursing education related meetings and conferences within California and throughout the country. Examples of attendance at meetings include National Council State Boards of Nursing, Association of California Nurse Leaders, National League of Nursing, and meetings with deans and directors at the California Organization of Associate Degree Nursing and California Association of Colleges of Nursing.

**GOAL 2**

**Provide leadership in the development of new approaches to nursing education.**

- 2.1 *Support strategic partnerships between nursing education and the healthcare industry to foster relationships between education and practice.*
- 2.2 *Conduct educational opportunities for professional development of nursing faculty and Directors.*

- 2.3 Encourage and support development of articulation agreements among nursing programs.
- 2.4 *Evaluate expanding access to technology and encourage its use in nursing programs, such as, on-line research, distance learning, Web-based instruction and high-fidelity simulation laboratory experiences.*
- 2.5 Develop guidelines for the utilization of simulated clinical experiences in nursing education.
- 2.6 *Review NPA regulations for congruency with current nursing education.*
- 2.7 Encourage and support graduate nursing education programs to prepare nurse-educators.
- 2.8 *Conduct ongoing survey on the use and the impact of simulated clinical experiences in nursing education and practice*

### **Achievements:**

- Staff reviewed, revised, and proposed amendments and additions to the NPA regulations, Title 16, Division 14, Article 3, CCR section 1420 to 1430, School of Nursing. The proposed changes are going through the final review by the board.
- Ongoing survey on the use of simulation in nursing education was incorporated into the Annual School Survey in 2007 to continue monitor use of simulation, its effectiveness, and to trend data. This information will be used to revise guidelines on the use of simulation in nursing education and clinical experiences.
- The board presented, with California Institute of Nursing and Health Care, the “Magic in Teaching” and Annual Clinical Simulation conferences, held in March and November 2008 in Los Angeles and in San Francisco. The conferences were well attended by faculty, service, and staff educators and explored effective use of simulation, technology, and best practices to strengthen nursing education.
- A partnership between San Diego State University and University of Oklahoma Health Science Center, Online Accelerated BSN Program for students enrolled in this out-of-state nursing program to have clinical experiences at Glendale Adventist Hospital, was approved in May 2008.

## **GOAL 3**

**Reports and data sources related to nursing education in California are made available to nurse educators, the public, and others.**

- 3.1 *Maintain and analyze systematic data sources related to prelicensure and advanced nursing, reporting findings annually.*
- 3.2 *Maintain information related to each prelicensure program and update periodically.*
- 3.3 *Provide information about nursing program to the public.*
- 3.4 *Provide data to assist nursing programs in making grant or funding applications.*
- 3.5 *Utilize the Board’s analysis of entry level RN practice to evaluate the effectiveness of prelicensure nursing education programs in preparing graduates for practice.*
- 3.6 *Collaborate with the University of California San Francisco in maintaining and updating the consolidated online survey. Including the development of online access to the resulting report of the prelicensure nursing education programs survey in California, including regional data.*

### **Achievements:**

- The online survey tool for the Annual School Survey was reviewed and updated since the previous year by the Board’s Education Advisory Committee. The annual survey was conducted in collaboration with Dr. Joanne Spetz and Renae Waneka of UCSF Center for Health Sciences.

- The 2007/2008 Annual School data collection was completed in November 2008. Survey collects data on prelicensure and advanced nursing programs, enrollment and attrition, completion, faculty, and simulation experiences. Report of these data will be made available on the Board's Website when it is available.
- The 2006/2007 Annual School Report that is available on the Website provides information on prelicensure nursing programs, including regional data for use by public and programs.
- Each CA prelicensure nursing program's NCLEX-RN 5-year pass rates are available to the public on the Board's Website.

## **GOAL 4**

### **Facilitate and maintain an environment of collegial relationships with Deans and Directors of prelicensure and advanced practice programs.**

- 4.1 *Provide deans and directors with information on the educational approval process.*
- 4.2 Apply uniform approval criteria when reviewing prelicensure and advanced practice nursing programs.
- 4.3 *Conduct an annual orientation for new directors and current directors.*
- 4.4 *Update Director's Handbook annually and distribute on CD-R or hard copy to each prelicensure nursing program as needed.*
- 4.5 Maintain open communication, consultation, and support services to nursing programs in California.
- 4.6 *Present BRN updates at the quarterly ADN Directors' Meetings, the annual CACN/ADN Meeting, and as needed.*
- 4.7 Maintain open communications with Advance Practice directors seeking input on Advance Practice issues such as Advance Pharmacy Course regulations.
- 4.8 Conduct Bi-Annual meetings with Advance Practice Directors Providing Updates and concerns pertinent to Advance Practice.

### **Achievements:**

- Annual Directors Meeting was held in October 2008 in San Francisco, in conjunction with the Joint Deans and Directors Meeting, attended by both ADN and BSN program directors. New Director's Orientation Program provided detailed information on the Director's Handbook and explanations of the Board forms and procedures. All programs were provided with an updated Director Handbook and the disc at the meeting or mailed the materials if absent.
- Volunteer Site Visitor Program information was provided to interested programs directors, also, in October. This is a pilot program that the Board plans to implement in Spring 2009 will have experienced program directors team with a Nursing Education Consultant to participate in continuing approval school visits. There are about twenty volunteer directors who have signed up.
- The BRN staff attended the COADN Directors Association meeting in March 2008, and the Annual Deans/Directors Meeting in October. Board updates were provided at quarterly directors meetings as needed. Nursing Education Consultants continue to work collaboratively with program directors through phone, email, and on-site contacts as needed or requested.

## **GOAL 5**

**Provide on-going monitoring of the Continuing Education (CE) Program and verify compliance with BRN requirements by licensees and providers.**

- 5.1 Conduct systematic random audits of Registered Nurses for compliance with renewal requirements and appropriateness of CE courses completed.*
- 5.2 Conduct periodic random reviews of CE Providers for compliance with CE regulations.*
- 5.3 Review all new applications for CE providers for compliance with CE regulations*

### **Achievements:**

- Ongoing review of audits are done by staff for continuing education requirements by registered nurses seeking renewals and CE Providers for their compliance with regulations.

## **GOAL 6**

**Continue the assessment and review of the NCLEX-RN examination process and maintain collaborative relationship with NCSBN organization.**

- 6.1 Conduct periodic review of NCLEX-RN examination questions to eliminate barriers for licensure.*
- 6.2 Encourage nurse educators and working RNs to participate in NCLEX-RN examination panels to ensure consistent representation from California.*
- 6.3 Participate in various NCSBN committees to maintain representation from California.*
- 6.4 Continue to monitor the NCLEX-RN administration by testing vendor.*
- 6.5 Continually monitor NCLEX-RN Pass-Fail rate of California candidates.*
- 6.6 Review and revise the NPA regulations to reflect current trends in nursing education and practice.*

### **Achievements:**

- Board staff continues to participate on various NCSBN committees.
- NECs present NCLEX-RN pass rates for first-time test takers as part of their continuing approval report to the committee.
- Staff participated in the conference calls with NCSBN and Pearson-Vue the testing vendor to discuss NCLEX administration issues
- CA NCLEX-RN pass rates are presented to the committee on an ongoing basis, both quarterly and annual results. The CA pass rate is compared with the pass rate for all NCSBN jurisdictions.
- The proposed amendments to the education regulations will establish the Licensing Examination first-time pass rate at 75%.



Summary of Education/Licensing Committee Accomplishments  
 Prelicensure and Advanced Practice Nursing Programs  
 January to December 2008

<b>2008 Meeting</b>	<b>Continued Approval</b>	<b>Feasibility Study</b>	<b>Initial Approval</b>
January 17	<ul style="list-style-type: none"> <li>• LA Trade Tech ADN (Defer Approval)</li> <li>• Riverside CC ADN</li> </ul>	<ul style="list-style-type: none"> <li>• University of Phoenix, Fairfield Learning Site, BSN</li> </ul>	<ul style="list-style-type: none"> <li>• West Hills College Lemoore ADN</li> </ul>
March 20		<ul style="list-style-type: none"> <li>• WCU, Los Angeles Campus, BSN</li> <li>• WCU, Orange County Campus, BSN</li> <li>• WCU, Inland Empire Campus, BSN</li> <li>• Concorde Career College, North Hollywood, LVN to RN ADN (Not accept)</li> <li>• Institute of Medical Education, LVN to RN ADN (Not accept)</li> <li>• Madera Community College Center ADN</li> <li>• Shepherd University LVN to RN ADN (Not accept)</li> </ul>	<ul style="list-style-type: none"> <li>• WCU, Los Angeles Campus, BSN</li> <li>• WCU, Orange County Campus, BSN</li> <li>• Everest College ADN</li> <li>• Mission College LVN to RN ADN</li> </ul>
May 8	<ul style="list-style-type: none"> <li>• Cuesta College ADN</li> <li>• LA Trade Tech ADN</li> <li>• LA Valley College ADN</li> <li>• Napa Valley College ADN</li> <li>• West Hills College Lemoore ADN</li> </ul> <p><u>Major Revision</u></p> <ul style="list-style-type: none"> <li>• LA Trade Tech ADN</li> <li>• San Joaquin Valley LVN-RN ADN</li> </ul>		<ul style="list-style-type: none"> <li>• InterAmerican College ELM</li> </ul>
August 21	<ul style="list-style-type: none"> <li>• Loma Linda University BSN</li> <li>• Bakersfield College ADN</li> <li>• Mount San Jacinto College ADN (Defer Approval)</li> <li>• Loma Linda Univ NP</li> </ul>	<ul style="list-style-type: none"> <li>• Charles Drew University ELM</li> <li>• Advanced Pro Nursing Institute ADN (Not accept)</li> <li>• Institute of Medical Education LVN to RN ADN (Not accept)</li> </ul>	<ul style="list-style-type: none"> <li>• WCU, Inland Empire Campus BSN</li> </ul>

Summary of Education/Licensing Committee Accomplishments  
 Prelicensure and Advanced Practice Nursing Programs  
 January to December 2008

October 16	<ul style="list-style-type: none"> <li>• National University BSN</li> <li>• Fresno City College ADN</li> <li>• Mendocino College ADN</li> </ul> <p><u>Major Revision</u></p> <ul style="list-style-type: none"> <li>• LA County College of Allied Health &amp; Nursing ADN</li> </ul>	<ul style="list-style-type: none"> <li>• Concorde Career College, North Hollywood, LVN to RN ADN (Not accept)</li> </ul>	
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Other Board Education/Licensing Committee Recommendations

- May 8, 2008 Approval of Partnership between California approved RN Program and Out-of-State-Nursing Program  
 San Diego State University BSN Program and University of Oklahoma Health Science Center, Online Accelerated BSN Program at Glendale Adventist Hospital, Glendale California.
- May 8, 2008 Approval of proposed amendments to and new regulations, Title 16, Division 14, Article 3, Schools of Nursing

**BOARD OF REGISTERED NURSING**  
**Education/Licensing**  
**Agenda Item Summary**

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**AGENDA ITEM: 10.9**  
**DATE: February 20, 2009**

**ACTION REQUESTED:** Information Only - NCLEX Pass Rate Update

**REQUESTED BY:** Elizabeth O. Dietz, EdD, RN, CS-NP, Chairperson  
Education/Licensing Committee

**BACKGROUND:**

The Board of Registered Nursing receives quarterly reports from the National Council of State Boards of Nursing (NCSBN) about the NCLEX-RN test results by quarter and with an annual perspective. The following tables show this information for 12 months and by each quarter.

**NCLEX RESULTS – FIRST TIME CANDIDATES**  
**January 1, 2008 -December 31, 2008**

<b>JURISDICTION</b>	<b>TOTAL TAKING TEST</b>	<b>PERCENT PASSED %</b>
California	9,721	87.58
United States and Territories	129,114	86.73

**CALIFORNIA NCLEX RESULTS – FIRST TIME CANDIDATES**  
**By Quarters and Year January 1, 2008 – December 31, 2008**

<b>1/01/08- 3/31/08</b>		<b>4/01/08- 6/30/08</b>		<b>7/01/08- 9/30/08</b>		<b>10/01/08- 12/31/08</b>		<b>1/01/08- 12/31/08</b>	
<b># cand.</b>	<b>% pass</b>	<b># cand.</b>	<b>% pass</b>	<b># cand.</b>	<b>% pass</b>	<b># cand.</b>	<b>% pass</b>	<b># cand.</b>	<b>% pass</b>
3,031	89.21	1,850	88.05	4,097	87.33	743	81.16	9,721	87.58

*\*Includes (4), (7), (9) and (7) "re-entry" candidates*

The Nursing Education Consultants monitor the NCLEX results of their assigned programs. Current procedure provides that after each academic year, if there is substandard performance (below 70% pass rate for first time candidates), the NEC requests that the program director submit a report outlining the program's action plan to address this substandard performance. Should this substandard performance continue in the second academic year, an interim visit is scheduled and a written report is submitted to the Education/Licensing Committee. If there is no improvement in the next quarter, a full approval visit is scheduled within six months. A report is made to the Education /Licensing Committee following the full approval visit.

**NEXT STEP:**

Continue to monitor results.

**FISCAL IMPLICATION(S),  
IF ANY:**

None

**PERSON(S) TO CONTACT:**

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(916) 574-7685